

**OLDER ADULTS UTILIZE SPIRITUAL RESOURCES THROUGH
CHRISTIAN THEOLOGY OF CARING**

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In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Ministry

by

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ABSTRACT

OLDER ADULTS UTILIZE SPIRITUAL RESOURCES THROUGH CHRISTIAN THEOLOGY OF CARING

by

Patricia Nellene Pratt Niere

This study identifies how pastors in churches serving older adults understand, perceive and implement a practical, effective theology of caring through caring ministry programs. Parish nurses and specially trained volunteers (for example, Stephen Ministers) embody a theology of caring as they provide caring acts to parishioners. The role of each is identified and clarified as the wholistic needs of the parishioners are met through hospital, home, and care facility visits as well as telephone care. Parishioner age-related changes, conditions, and illnesses are identified and their awareness of their own spiritual resources is verified and documented.

A review of the literature pertaining to age-related changes in older adults, spirituality, and developmental and faith development theories are provided. An overview of the history of spirituality and religion as it relates to spiritual needs and spiritual resources is discussed.

Five methods or sources of data are defined and utilized. Results and conclusions regarding the older adult's awareness of their spiritual resources is noted and discussed.

The study verifies that spiritual resources aid in coping with age-related changes, conditions and illnesses and that the awareness of spiritual resources is enhanced by caring acts through a theology of caring.

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**DEDICATED
TO
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SUN CITY WEST, ARIZONA**

Chapter 1: Introduction

More people in the United States are becoming older adults for example by 2030 when all the baby boomers have entered the ranks of older adults, more than one in five Americans will be over the age of sixty-five.¹ Many older adults move to retirement communities in the warmer climates. According to the 2000 U.S. census, in the northwest valley of Phoenix, Arizona the population increased forty percent from 1999 to 2000 (Appendix A). There are several age-restricted retirement communities in the Northwest valley.

Within those communities there are many protestant churches with caring ministries meeting the spiritual needs of the older adult. For example, I am a registered nurse who is sixty-four years old and have been working as a parish nurse in a large Methodist Church in one of the age restricted communities in the northwest valley over the past seven years. Within the last three years I have been concerned about the role of the caring ministry within churches and its ability to meet mind, body and spiritual needs of the parishioners. It seems like, that, as a member of the multidisciplinary care team in a church, we are constantly busy doing everyday calls and visits. But are we “being” in the spiritual sense and in that sense are we guiding the parishioners to be aware of their spiritual resources as an avenue for coping with the age-related changes and illnesses they are facing?

Definitions of Key Terms

The definitions of key terms for this project are arranged alphabetically.

¹ Lynn W. Huber, “The Church in the Community,” in Aging, Spirituality, and Religion, ed. Melvin Kimbel, et al. (Minneapolis: Fortress Press, 1995), 285.

Age Related Changes: Knowledge of the patterns of age-related changes is useful in working with older adults. As people grow older there are physical changes in all body systems. These changes impact on psychosocial development as well as upon their spirituality.

Caring: The word caring means to show concern or interest to others. It also means to have feelings for others, and to like or love others.² Caring is always an interaction between two or more people and is the most common, authentic criterion of humanness. Caring implies giving and giving permits one to bless others by serving them.³ Caring acts include prayer and assurance of forgiveness as well as an understanding of the seasons of transition occurring in the lives of older adults.

Christian: Basically, Christian is defined as a religion based on the teachings of Jesus Christ.⁴

Effective: Effective is defined as producing a definite, actual desired result that is not merely potential or theoretical.⁵

Older adults: The word “old” is defined as having lived or been in existence for a long time, mature in judgment, wise and of a certain or specified age or duration.⁶ Old is used to describe a person who has reached an age set by law that qualified the person for legal rights or benefits. The word “adult” is used to describe one who is grown up, mature in age, size, and strength.

² Webster's New World Dictionary, s.v. "caring."

³ Margaret Burkhardt and Mary Gail Jobson-Nagi, "Reawakening Spirit in Clinical Practice," *Journal of Holistic Nursing* 12, no. 1 (1994): 9-21.

⁴ Webster's New World Dictionary, s.v. "Christian."

⁵ Webster's New World Dictionary, s.v. "effective."

⁶ Webster's New World Dictionary, s.v. "old."

Technically in the United States older adults are those persons who are age sixty-five and older. The older adult population is an incredibly diverse group. Later life spans include several more decades of living. These decades of life include everything from the most active and healthy to the most frail and vulnerable. The vision of growing older includes a broad range and diversity in scenarios of life. The needs of older adults must be seen in the full range from endless promise and opportunities for fulfillment to a time of pervasive loss, physical, mental decline, and death.⁷

Practical: Practical is defined as a practice or action that is useful, workable and sensible. It is concerned with the application of knowledge to useful ends as distinguished from theory or speculation.⁸

Resources: A resource is something that lies ready for use or that can be drawn upon to give aid or to take care of a need. It is something that can be resorted to in an emergency. It is also a source of strength or ability within oneself to cope effectively with problems.⁹

Spiritual: The root word of spiritual is spirit. Spirit in religion is often seen as sacred and devotional, and is believed to be the soul of life.¹⁰

Spirituality: For the purpose of this project spirituality is the principle that integrates and transcends the biological and psychosocial nature of human beings. It is that motivating feeling known as the soul of life that provides courage and vitality. Spirituality is also the human being's search for meaning and existential purpose in life-it is life's meaning in relation to self, others, the environment and the Triune God.¹¹

⁷ Juliana Cooper-Goldenberg, *A Spirituality for Late Life* (Louisville: Geneva Press, 1999), x.

⁸ Webster's New World Dictionary, s.v. "practical."

⁹ Webster's New World Dictionary, s.v. "resources."

¹⁰ Webster's New World Dictionary, s.v. "spiritual."

¹¹ Burkhardt and Jobson-Nagi, 12

Spiritual resources: When spirituality integrates and transcends biological and psychosocial human nature it is a resource. It is that source of strength from a relationship with God through Jesus Christ and the Holy Spirit that provides courage and vitality within oneself. Those strengths, vitality and courage, lay ready for use to meet the human needs and assist people in coping with problems. Thus, spiritual resources are like any resource that lies ready for use and can be called upon to give aid or take care of a need.

Theology: Theology is the study of God, the study of the relationship between God and the universe and or a study of religious doctrines and matters of divinity related to a specific religion.¹² Christian Theology is based on the study of God, relationships between God and the universe, and religious doctrines including the teachings of Jesus Christ in relationship with the workings of the Holy Spirit.

Theology of Caring: A theology of caring is Christian, practical and effective. It embodies a useful action based on knowledge and the teachings of Jesus Christ, which when applied can produce a result. The result is related to faith in action. Faith in action is manifested by implementing the teachings of Jesus Christ, through the Holy Spirit. Examples of faith in action are love, kindness, and service to others.

Therefore, the concept of a theology of caring with older adults needs to be broad enough to span a lifetime; it must embody useful action based upon knowledge of God which when applied, leads the recipient (and perhaps even the caregiver) towards a closer relationship with God through the Holy Spirit. Aging is a continuous process that is not just restricted to the last decades of life.

¹² Webster's New World Dictionary, s.v. "Theology."

Being aware and having knowledge of the aging process can have enormous implications for the paths of meaning that lead to the horizon of optimal existence and human destiny.

Statement of the Problem

This study focuses on the need for older adults to utilize Christian Spiritual resources as one means for accepting and adjusting to age-related changes, conditions and illnesses.

As people grow older there are age-related changes and illnesses that impact on their life. For example older persons experience physical body loss and the slowing of mental processes. These changes affect the way they perceive their appearance, their physical functioning and often their health. For example there are changes in the elastin and collagen of skin and tissue resulting in wrinkling of the skin. Fatty tissue shifts from extremities to abdomen and hips. After forty, the lens and muscles of the eye lose elasticity, resulting in the need for glasses for reading. After age fifty there is a decrease in the ability to hear and after age sixty for many persons there is a weakened sense of smell. Muscle fibers and bone mass decrease after age forty-five. Vertebrae in the spine shorten. The heart muscle becomes less efficient resulting in a decreased output of blood. Elasticity of the lungs decreases. Older adults generally react to stimuli less rapidly and move more slowly. All these body and mental changes result in diminishing physical energy.¹³ Such physical changes are usually difficult to accept and in addition to these

¹³ Carroll Saussy, The Art of Growing Old (Minneapolis: Augsburg Fortress Publishers, 1998), 44-45.

body losses is the loss of health. These physical and mental losses along with pain and prolonged illness affect people at all levels: physical, psychological, spiritual, and social. Many people learn to live with pain and illness with great courage and heroism; others are devastated by the experience.¹⁴

Aging is a paradox in that it is a unity of apparent contradictions. Losses and changes should be acknowledged and in some cases grieved. While losses and changes are occurring often there is recognition that through understanding and accepting the losses and changes a positive gain can happen. Loss and change challenge people to use their resources.¹⁵ Spiritual resources possessed by older adults are often a source of peace and comfort. Spiritual resources can help turn losses into gains, which can become a gradual entrance into freedom and a sense of new life.

Purpose of the Study

The purpose of this study is to identify how pastors in five protestant churches serving older adults understand, perceive and implement a practical, effective theology of caring through caring ministry programs. A second purpose is to clarify the role of parish nurses as they utilize a theology of caring when identifying and meeting the wholistic needs of the parishioners. Third, to identify the role of specially trained volunteers when serving parishioners with age-related needs and conditions. Fourth, to identify the parishioner's awareness of spiritual resources as one means of coping with age-related changes and conditions. Fifth, to verify age-related conditions and needs through review of parishioner care records in one of the churches.

¹⁴ Saussy, 46

¹⁵ Kathleen Fischer, Winter Grace. (Nashville: Upper Room Books, 1998), 8.

Delimitations of the Study

This study is limited to five protestant churches serving older adults in the northwest valley of Phoenix, Arizona. Each church was selected because it has a caring ministry program. Four of the churches were selected because they have the services of parish nurses. A major healthcare corporation in the far northwest valley provided partial funding for the parish nurses. The healthcare corporation assisted in acquiring data for the study. All five churches have specially trained volunteers, including Stephen Ministry within the caring ministries. Four senior pastors and one associate pastor in each church were interviewed even though three of the five churches have associate pastors. These pastors generally determined the direction for programs in each church. One church was selected because it is a multigenerational church with older adults comprising the majority of its members. In that church the senior pastor and volunteers, without additional paid staff, provided the caring ministry in this church.

Assumptions Inherent in the Study

It was assumed that each pastor in the participating churches has a theology of caring. And that when they were asked questions designed to give them an opportunity to express that theology they would describe how their theology of caring translated into concepts of Christian acts of caring throughout the caring ministry program.

It was assumed that the parish nurses and the volunteer Stephen Ministers would use only the specific questions designed for the study when they interviewed the parishioners and they would not cue the parishioners for the most appropriate answer.

It was assumed that the parishioners understood the questions both when they were interviewed and when they responded to the mailed Health Status Profile. It was

expected that the parishioners would read and understand the directions for responding to the Health Status Profile. It was also assumed that their answers would be honest and sincere. It was assumed that parishioners would express their awareness of spiritual resources in their written notes of appreciation to the parish nurse, care coordinator and pastor at the one church sampled.

It was assumed that the records kept by the parish nurse and care coordinator at the sampled church would provide information that verified age-related conditions and needs and that the needs were in the physical, cognitive, emotional and spiritual categories. It was also assumed that the records would indicate the types of caring acts provided to meet the identified needs.

Organization and Significance of the Study

Five methods or sources of data are to be utilized for this study. The sources involved the pastors, parish nurses, Stephen Minister, parishioners, care note records (at one church) and parishioner notes of appreciation (one church). One purpose of the design is to determine the understanding, perception and implementation of a practical, effective theology of caring by the pastors in each of the participating churches. This was accomplished by interviewing each participating pastor of approximately an hour. Each pastor was asked the same questions. I designed the questions from information gleaned from the literature, which delineated the components of a theology of caring.

The purpose of the Health Status Profile was to evaluate the parish nurse programs as well as to determine the parishioner's perception of the role of parish nurses and in particular in relation to meeting the health and spiritual needs of the parishioners. The cooperating healthcare cooperation solicited ideas from the parish nurses and me for

the specific questions included in the Health Status Profile mailed to a selected number of parishioners in the four congregations who had parish nurses.

The purpose of the parish nurse interview of the parishioners was to determine the parishioner awareness and understanding of their spiritual resources and to determine if that awareness assisted them in coping with age-related changes and conditions.

The purpose of the review of parishioner records was to verify the existence of age-related changes and conditions and to illustrate the emerging needs responded to by the caring ministry. I developed a record review recording tool for recording the needs and spiritual resources for each record.

The notes of appreciation written by parishioners were studied for evidence of awareness of spiritual resources in response to needs, which emerged, from age-related changes and conditions.

The significance of the study is to provide information to pastors and other members of multidisciplinary care teams providing caring ministries as well as to churches wanting to implement caring ministries based on a theology of caring. This information would assist in evaluating and developing caring ministry programs. The data is useful in understanding the range of care needs and services needed to meet the needs of older adults in churches. The data would be useful to other students studying caring ministries and the needs of older adults. This study utilizes and clarifies previous work done in the field as well as illustrates how local churches can develop a Christian theology of caring for persons in all stages of aging.

CHAPTER 2: Review of Related Literature

The purpose of this chapter is fivefold. First, a review of work previously done in the areas of age-related changes in older adults, spirituality and older adults, and older adults and religion is provided. Literature was reviewed from references from the late 1970s through 2001. The sources included literature on demographic and psychosocial aspects of aging, spiritual maturity in later years, aging and spiritual journey, and the role of the church in ministering to the aging were reviewed. Second, it provides an overview of the history of spirituality and religion as related to spiritual needs and resources. Third, it provides a comparison of dimensions of spirituality. Fourth, it discusses the pre-existence of the soul and its relationship to immortality in the context of terminal illness and end of life issues. Fifth, it discusses biological, psychosocial, spiritual, and faith development stages through a survey of developmental theories as related in particular to older adults.

Work Previously Done in the Field

The purpose of this section is to review and discuss literature on age-related changes, the need for older adults to have spiritual resources and highlight current writings on spirituality and religion. This section concludes by expressing the need for additional literature on theology of caring as revealed through caring acts.

There are many publications on physical and mental age related changes in older adults. Research has shown that people have the potential for self-development, psychological and spiritual growth throughout their life span. However, it is also known that people do not suddenly become different as they age and do not typically define themselves as old. Instead, the individual experiences a gradual change in self definition

based on reflections of their life. In their book, Working with Older Adults, Irene Burnside and Mary Gwynne Schmidt provided additional information concerning age-related changes in the human body.¹ Daniel Levinson in the Seasons of A Man's Life, explained that the life cycle is an organic whole and that each period is cumulative of that which came before. He cited Marcel Proust who noted that a person is "a creature without any fixed age" and yet is governed by time and by the "epochs" in his/her life. He continued by explaining that people are never ageless, but as they gain a greater sense of their own biographies they begin to exist at multiple ages. In this process, people do not fragment themselves but rather become more integrated and whole over time.²

Living through "seasons of life" creates the foundations for spiritual resources. Life experiences may further the development of spiritual resources as well. However during these experiences various stresses and losses from life changes occur resulting in spiritual resources being inhibited and or their development being thwarted. In the book Aging, Spirituality, and Religion, Anne Marie Djupe and Granger Westberg note that guiding people to utilize their spiritual resources through pastoral care and parish nursing helps them cope with their life changes. They also note that an increasing number of pastors and congregations are becoming concerned about the physical, mental, and spiritual health of their members.³ Research confirms that it is possible for people to

¹ Irene Burnside and Mary Gwynne Schmidt, "Demographic and Psychosocial Aspects of Aging," in Working with Older Adults, ed. Irene Burnside and Mary Gwynne Schmidt, 3rd ed. (Boston: Jones & Bartlett, 1994), 12-15.

² Daniel Levinson, et al., The Seasons of Man's Life (New York: Alfred A. Knopf, 1978), 318.

³ Anne Marie Djupe and Granger Westberg, "Religion and Psychological Well-Being," in Aging, Spirituality, and Religion, ed. Melvin Kimble, et al. (Minneapolis: Fortress Press, 1995), 333.

become aware of their spiritual resources as long as they have the potential for self-development. The potential for self-development lasts throughout the life span, but it must be nurtured. While the potential for self-development is always there, like any muscle it will deteriorate without use, but can be revived through diligent work on self-esteem and personal outlook.

Spiritual resources by definition imply spirituality and religion. Marilyn Burkhardt and Mary Gail Jobson-Nagi defined spirituality as the life principle that pervades one's entire being. It is the principle that integrates and transcends the biological and psychosocial nature of human beings. They explained that spirituality is the search for meaning and existential purpose in life as it relates to ones self, others, the environment, and the Triune God.⁴ And Steven Weiland, in a chapter in Aging, Spirituality, and Religion, explained that religion reflects on the formal or institutional beliefs in God and is concerned with the ultimate problems and questions of human life. Spirituality, he continued, could be understood as "intrinsic" religiosity.⁵

Harold Koenig in the book Aging and God defined religious faith as a relationship with God. He noted that mature faith relationships focus on the ultimate concern which he defines as personal connection with God. He continued by explaining that primary and basic prerequisites for religious growth and maturity are simply a whole-hearted belief and trust in God. This trust is proven to be necessary regardless of age or psychosocial stage of development. William Clements explained that the foundational concept in ministry with the aging is that ministry belongs to all people of God. Ministry

⁴ Burkhardt and Jobson-Nagi, 10.

⁵ Steven Weiland, "Interpreting Social Science and Spirituality," in Aging, Spirituality, and Religion, ed. Melvin Kimbel, et al. (Minneapolis: Fortress Press, 1995), 589.

is not dichotomized nor divided. Something vital is lost in the process when ministry is divided between youth and adulthood, or middle years and old age.⁶ Ministries in church communities must include all ages in relationship. However each group has special needs and caring ministry responds to those.

Seward Hiltner in Aging and the Human Spirit noted that a theology that relates to aging was an attempt to understand and clarify the meaning of faith for older adults. Faith as a resource was selectively drawn upon according to particular conditions related to age and stage of development.⁷ This is a factor to remember if a theology based on faith is to become relevant to all human conditions. Harold Koenig explained that religious faith is a relationship with God and that mature faith relationships usually focus on a personal connection with God.⁸

Faith for Karl Barth was a theologically adequate God representation that was congruent with the biblical depiction of Christ and which was actively shaped and transformed by the work of the Holy Spirit.⁹ Knowledge of God was based on one's own experience and the experiences that others have shared to which meaning is assigned. The church is the place where values are transmitted, faith is nurtured and the will of God is taught.¹⁰

In the literature very little attention has been given to defining and developing a theology of caring as it relates to guiding people in utilizing spiritual resources to meet

⁶ William M. Clements, "Introduction: The New Context for Ministry with Aging," in Ministry with the Aging, ed. William M. Clements (New York: Haworth Press, 1989), 8-9

⁷ Seward Hiltner, "A Theology of Aging," in Aging and the Human Spirit, ed. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1981), 45-46.

⁸ Harold Koenig, Aging and God (New York: Haworth Pastoral Press, 1994), 280

⁹ Deborah van Deusen Hunsinger, Theology and Pastoral Counseling (Grand Rapids: William B. Eerdmans Publishing, 1995), 130.

¹⁰ Harriet Kerr Swenson, Visible and Vital (New York: Paulist Press, 1994), 8.

their cognitive, emotional and spiritual needs as they grow through positive and negative age-related changes. For example, helping someone use their spiritual resources to recognize their inherent worth in God's eyes (despite diminished productivity) would definitely improve their self-esteem and personal outlook, which are considered emotional health issues. This project will focus on the need for older adults to become aware of spiritual resources as a means to accepting and adjusting to age-related changes.

History of Spirituality and Religion as Related to Spiritual Needs and Resources

A review of the history of spirituality as it relates to religion is provided for the purpose of understanding spirituality as foundational to the theology of caring. In all developed religions there are three strands or elements; in Christianity there are four. The first strand was defined as the experience of the "Numinous." "Numinous" was described as a feeling of excitement or awe. The object that excites is known as "Numinous."¹¹ The second strand was consciousness of a moral law. The third strand occurred when people identified the two previous stages. That was when the "Numinous Power" was made the guardian of morality, and a sense of obligation developed to the "Numinous Power."¹² The fourth and added strand related to Christianity was a catastrophic historical event, namely the crucifixion of Jesus Christ. This event was preceded by a long spiritual preparation for humanity by God. For example Isaiah 53:3-5 described the coming catastrophic historical event: "He was despised and rejected by

¹¹ C. S. Lewis, The Problem of Pain, (New York: Macmillan, 1944; reprint, San Francisco: HarperSanFrancisco, 2001), 5-6.

¹² Henri Nouwen, Life of the Beloved (New York: Crossroad Publishing, 1992), 11-12.

others, he was born of infirmities, he was wounded for our transgressions and by his bruises we are healed.”¹³

The feeling of awe and spiritual preparation evidences spirituality. The root word of spirituality is spiritus. To experience spirituality, one must believe that one has a soul. Spirituality is a state of one’s own being. Spirituality is experienced as a unifying force, a life principle or the essence of being. The spirituality force is a power greater than the self, both within and beyond the self and it is a mystery or that which is beyond words.¹⁴ It is referred to by many names including Absolute, God, Higher Power, Goddess, Lord, Inner Light, Life source, and Universal love. Spirituality is expressed and experienced in and through connectedness with nature, the earth, the environment and the cosmos.¹⁵

Elizabeth Liebert noted in Changing Life Patterns: Adult Development in Spiritual Direction that the Holy Spirit is God’s active presence. That is God’s presence on behalf of a particular person. Christians believe that the Holy Spirit teaches meaning of the life, death and resurrection of Jesus. It also reminds one of the lessons Jesus taught while he was present on earth. The Holy Spirit brings an understanding of what Christ is for human beings in the life and times of today. She adds that the word spirit is cause to look for the presence and action of the Holy Spirit.¹⁶

Philip Sheldrake in Exploring Christian Spirituality discussed three major conceptual development periods of spirituality. The first period began with Paul in the New Testament. Paul used the term ‘pneumatikos’, or spiritual person, as one in whom

¹³ The HarperCollins Study Bible, New Revised Standard Version, ed. Wayne Meeks (New York: HarperCollins, 1993).

¹⁴ Larry Dossey, Healing Words (San Francisco: HarperSan Francisco, 1993), 43.

¹⁵ J. D. Emblem, “Religion and Spirituality Defined According to Current Use in Nursing Literature,” Journal of Professional Nursing, 8 (1992): 41-43.

¹⁶ Elizabeth Liebert, Changing Life Patterns (New York: Paulist Press, 1992), 9.

the Spirit of God dwells. The second period emerged in the twelfth century and brought many changes. There was a division of spirituality from theology and liturgy (the affective from knowledge). In addition there was a division of the personal from the communal. Lastly, there was a gradual limitation of interest in the subjective spiritual experience. The third period encompasses contemporary concepts, which stress holistic, inclusive perspectives of spirituality. These perspectives embrace human life in depth as well as the life of the whole person, which is directed toward God and transcendence.¹⁷

In summary the spiritual life in the West during the period continuing from the twelfth century was characterized as one of separation and division. Spirituality was divided from theology because it was rooted in emotion instead of knowledge. During this time there was limited interest in subjective experience. Also spirituality became separated from social praxis and ethics. Spirituality was separated from liturgy as well. All this caused new attention to be given to the structures of personal prayer and meditation.¹⁸

During the last twenty years differences between Western Christianity and the older spiritual theology have emerged. Those differences have four central characteristics. First, Western Christianity is not exclusively associated with any one Christian tradition. Second, Western Christianity concerns itself with simple, prescriptive applications of absolute principles to life. Third, it does not concern itself with defining perfection. Western Christianity is concerned with surveying the complex mystery of human growth, which is in the context of a living relationship with the

¹⁷ "Historical Considerations," in Exploring Christian Spirituality, ed. Kenneth Collins (Grand Rapids: Baker Books, 2000), 19.

¹⁸ Ibid., 32.

Absolute. Fourth, current theology is not limited to a concern with the interior life but seeks to integrate all aspects of human life and experience.¹⁹

In a caring ministry serving older adults it is important to understand that older citizens may have been taught an older spiritual theology, and have integrated that theology into their beliefs. For example they may believe that there is a one and only one Christian tradition as in the “one true” church. Some may have a simple prescriptive faith structure of absolute principles of life, which include striving for perfection in their interior life. In a current spiritual theology of Western Christianity older adults will experience a theology that is concerned for their interior life as well as for the integration of a spiritual theology in all other aspects of their life.

In the book Understanding Christian Spirituality, Michael Downey explained that contemporary approaches to spirituality tended to begin by stressing that the most important approach to spirituality was the concrete experience of searching for God. Downey used the word “experience” to describe whatever entered into the actual living of one’s life whether it was religious, mystical, theological, ethical, psychological, political, or physical.²⁰ So it must be in one’s God experience: God is, God is here, and God is now, but God is available only in proportion to one’s realization and willingness to accept the discipline that is necessary for the attainment of that mind which was also in Christ Jesus.²¹

Downey noted that Christian spirituality was grounded in belonging to a community, or people, of faith, which together expressed their sense of the sacred

¹⁹ Ibid., 37.

²⁰ Michael Downey, Understanding Christian Spirituality (New York: Paulist Press, 1997), 90-91.

²¹ Joel S. Goldsmith, Practicing the Presence (New York: Harper & Row, 1958), 19.

through word, gesture, action, event, tradition and community. When one is in a spiritual quest it has to do with being in right relationship with God and living out the sense of the sacred in relationship with others.²²

When a spiritual theology of Western Christianity seeks to integrate all aspects of life and experience it becomes part of the theology of caring. Thus, providing a meaningful caring ministry includes an understanding of the dimensions of spirituality. Various dimensions of spirituality will be discussed from the perspectives of Ben Campbell Johnson and Andy Dreitcer as well from Lawrence L. LaPierre. Johnson and Dreitcer defined three dimensions of spirituality from the perspective that God is in all things and all things are parables of His presence to be interpreted again and again in new ways. They were concerned about the spiritual formation of church leaders and parishioners in all circumstances of life. LaPierre defined six dimensions of spirituality. He approached the dimensions of spirituality from a perspective which he hoped would enable pastors, chaplains and counselors to focus on spiritual needs as they minister to people in varying stages of illness, rehabilitation and end of life processes. LaPierre was attempting to make a qualitative description of an individual's spirituality. He was concerned with the well being of the whole person. His conceptual basis was grounded in assessing the special needs of others.

Comparative Dimensions of Spirituality

To gain a clear understanding of these dimensions of spirituality a comparison is provided. Johnson and Dreitcer's spiritual dimensions were Sacramental: Baptism into

²² Downey, 30

the Community; Activist: following Jesus, and Mystical: Embodying the Presence.²³

LaPierre's six spiritual dimensions were: (1) Journey (2) Community (3) Dimension of religion (4) Encounter with Transcendence (5) Mystery of Creation and (6) Transformation.²⁴

Johnson and Dreitcer's first spiritual dimension, that of Sacramental (which is for example baptism) was a consecrated act that pointed to a reality beyond itself. This act directed believers to understand the dying and the rising of Christ as synonymous with releasing self centered and self-destructive habits of old life. The life of disobedience was dead, crucified with the Christ. The resurrection was symbolic of a new personhood as in having risen with Christ-releasing a new spirit in one's self. This was like a journey of spiritual formation leading to a life of new meaning.

LaPierre's spiritual dimension of Journey was seen as a search for purpose, direction, or meaning in one's life. The journey may lead to a deeper understanding of the meaning and purpose of life.

Johnson and Dreitcer's spiritual dimension of the Sacrament of baptism also suggested the communal nature of spirituality. When baptized into Christ one was in Christ's community. One's spirituality was bound to Christ's community and this required more than God's invitation. It required one's choice, action and engagement and the choice, action, and engagement of the community.

For LaPierre community was like minded believers who often valued the

²³ Ben Campbell Johnson and Andrew Dreitcer, Beyond the Ordinary (Grand Rapids: William B. Eerdmans Publishing, 2001), 10-12.

²⁴ Lawrence L. LaPierre, "A Model for Describing Spirituality," in Exploring Christian Spirituality, ed. Kenneth J. Collins (Grand Rapids: Baker Books, 2000) 76-81.

importance of being part of a group of shared beliefs and values. This provided an opportunity to love and be loved, which provided meaning to the existence of Christian love among others.

LaPierre's spiritual dimension of Religion was experienced as a collection of rituals, rules and patterns of life and other behaviors to which people adhered in order to be part of a religious group. In this sense the people were active in the expression of their religion.

Johnson and Dreitcer's dimension of Activist that implies following Jesus gave birth to a spirituality of: (1) self-understanding and wholeness of self, (2) self-denial for the sake of others in need, (3) action, and (4) personal and social responsibility. When Christ comes into one's life, that one is called to be a disciple; they are called to embody their choices. They are called to follow Christ in ministry to those in pain, those who are grieving, in stages of illness, rehabilitation and end of life processes. A wholeness of self and self-understanding emerged as one experienced the transcendence that came from being a follower of Jesus.

LaPierre's dimension of Encounter with Transcendence related to the belief that there was a transcendent dimension to life. This was a level of reality that exceeded limits of human experience. One then draws personal power through contact with this dimension. This dimension related directly to Johnson and Dreitcer's spiritual dimension of Mystical-- embodying the presence.

Mystical-- embodying the presence-- tells us of the promises of Jesus which led into the mystical dimensions of Christianity. Jesus promised not to leave the people as orphans and promised that he was coming to them. He has come and remained among

the people since that Pentecost and he still comes to them in the world through the community of faith, through creation, and in their personal lives.²⁵

LaPierre's spiritual dimension of the Mystery of Creation consisted of an experienced and interpreted relationship among human beings and the mystery of creation. The mystery of creation included both the natural world and its creator. The mystery of creation was a relationship with God through encountering objects, creatures, views and forces of the natural world. I believe that the mystery of creation is also in relationship with others, in creation of new life (a newborn baby) and the birth of new relationships with God and others through Jesus Christ.

LaPierre's sixth and final spiritual dimension was Transformation. During an individual's journey the individual is faced with the implicit need for transformation as an element of spiritual growth. Transformation can be an incremental process of personal change. Transformation was a process of becoming rather than a process of personal achievement. This is akin to Campbell Johnson and Dreitcer's process for spiritual formation.

The theology of caring not only embodies dimensions of spirituality but also identifies spiritual needs through its caring acts. Spiritual needs include the need: (1) to feel God present with us, to eliminate the sense of being alone in the world; (2) to experience unconditional love as in the Love of God; (3) for meaning, purpose and hope; (4) to engage in religious actions or activities that support personal dignity and a sense of worthiness; 5) for forgiveness and being forgiven; (6) for support in coping with the loss of continuity, validation and support of religious behaviors; (7) to express anger and

²⁵ Johnson and Dreitcer, 13.

doubt; (8) to be thankful or grateful; (9) to love and serve others; (10) to transcend circumstances; and (11) to prepare for death and dying.²⁶ The members of the care team and church member volunteers meet spiritual needs through guidance, understanding and the practicing of Spiritual gifts.

Spiritual Gifts and Fruits of the Spirit

Spiritual gifts are not the same as the fruits of the Spirit. The fruits of the Spirit as listed in Galatians 5:22-23 is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. These are virtues of love. These virtues which are listed after the word love could not survive without love. The fruit of love nurtures the other virtues. The fruits of the Spirit are what humans are when they are in contact with God. Spiritual gifts and the fruits of the Spirit differ, but are connected by the Spirit.²⁷

The gifts of the Spirit are what humans do. Humans choose whether to receive and use gifts of the Spirit, but do not get to choose the gifts that they receive. The fruits of the Spirit relate to our being, the gifts of the Spirit relate to our doing and our ability to do. Thus the fruits of the Spirit are the result of growing in love and grace while the gifts of the Spirit involve growing in trust as we attempt to use the gifts that we are given. Spiritual gifts can be shared without love. The common properties between the many varied gifts of the Spirit are openness and obedience to the giver of the gifts, namely God.

²⁶ Koenig, 284-93.

²⁷ Charles V. Bryant, Rediscovering Our Spiritual Gifts (Nashville: Upper Room Books, 1991), 39-40.

The gifts of the Spirit are special powers and abilities given to build the body of believers, known as the Body of Christ, and the church. They also are to bring about the fulfillment of the wholeness of each believer.²⁸

For the faithful, social and psychological blessings that accompany God's assignment of Spiritual gifts are threefold. First, the recipients become motivated to do everything possible with their gifts as an expression of gratitude in service to God. Second, in fulfilling their gifts' potential, the recipient does not need to consider themselves in competition with other members of the body of Christ (1 Cor. 13:4-5). Third, faithful implementation of the gifts brings joy and powers, which do not burn out. The one who possesses the Spiritual gifts may wear out but they do not burn out. Spiritual gifts are part of the job description for a caring ministry.²⁹

Spiritual gifts are a means of discovering God's will. To know God's will is to be liberated for new life and direction (as in Spiritual formation). Persons who are called to do God's will, through serving others, are equipped with Spiritual gifts. To be effective, care team members must find the proper place to do God's will. Effectiveness emerges from all gifts working together in mutual interdependence. Spiritual gifts are a means to efficient service. This means through the direction of the Spirit, knowing what, when and where to do the right thing.³⁰ These are elements of a practical effective Christian theology of caring.

²⁸ Bryant, 42.

²⁹ Ibid., 44.

³⁰ Ibid., 45-47.

Spiritual Direction and Prayer

Therefore, Spiritual gifts provide the Spiritual direction for caring ministries in Christian spirituality. The Spiritual gifts are manifested through various ministerial activities: ministerial calls on parishioners, prayers, letters of counsel, preaching and worship as well as visits to the sick, through the sacraments, pastoral counseling and education in the texts, traditions and disciplines of the Christian community.

Theologically speaking, Spiritual direction is essentially ecclesial. It is one of the ways in which the church fulfills its mission to nurture its members. Therefore, a local congregation acting as a Christian community makes concrete the ecclesial parameters in which spiritual direction appropriately occurs. The Christian community complements individual prayer with public worship, intimate conversations, and a full sacramental life.³¹

New Testament Spirituality responded to life, to its beauty, its injustices and prescribed a course of action. This response was reflected in prayers. Prayers are a response to life that is shared with God. However, prayer is no longer as it was centuries ago, a withdrawal from the world. Today prayer is being in union with God.³² It is often through prayer that one can achieve the harmonious union of body, mind and Spirit.

Unity of Body, Mind and Spirit

A philosophy adapted from the Parish Nurse Resource Manual in a nurse ministries network at Mercy Health services in Farmington Hills, Michigan best describes the unity of body, mind and spirit. It stated that there is a belief in the fundamental unity

³¹ Liebert (1992), 139.

³² Leo E. Missinne, "Christian Perspectives on Spiritual Needs of a Human Being," in Spiritual Maturity in Later Years, ed. James Seeber (New York: Haworth Press, 1990), 150.

of human life in its physical, emotional, intellectual, social and spiritual components. There is a belief that ill health or disease in any of these essential dimensions causes adverse effects on the other dimensions and thus, on the whole of human life. Lastly, there is a belief that each faith community strives to be a primary locus where members look for assistance in living full, abundant and healthy lives through all stages of life. However the church is not just a social service agency. As the body of Christ, the church has a unique voice as it relates to older adults, and the uniqueness of that voice is rooted in the understanding of the Gospel and Christ's presence in the lives of the people throughout their life span.³³

Embodiment of Fruits of the Spirit through Spirituality

The greatest fulfillment for the ministerial staff participating in the caring ministry lies in giving themselves to others. Beyond all their desires to be appreciated, rewarded and acknowledged, there lies a simple and pure desire to give. They have a deep human desire to give themselves to others as a source of physical, emotional and spiritual growth. However, if their deepest fulfillment comes from being given as a gift for others, how do they go about living such a vision on a day to day basis in a society that speaks more about having than giving? The real gift is not so much what they can do, but who they are.³⁴ Who can they be in relationship with others and God? The God given gifts to humans and who they are in a Christian caring relationship are friendship, kindness, patience, joy, peace, forgiveness, gentleness, love, hope, and trust. They are the embodiment of the fruits of the spirit through the exercise of their spirituality.

³³ Cooper-Goldenberg, xi.

³⁴ Nouwen, 85-90.

In the book, Sleeping with Bread, Dennis, Sheila and Matthew Linn explore questions of faith, the structure of values, the patterns of love and action and the shape of fear and dread as well as the directions of hope and friendship which are all components of spirituality. They are advocates of a simple approach for people to hear the voice of God to guide them from within. In this process, patterns of love and action along with fear and dread are defined as a consolation and desolation; in other words what one is most grateful for and least grateful for. This process, drawn from the "Ignatius" Tradition is referred to as Examen. Consolation is defined as whatever helps connect someone with themselves, others, God and the universe. The definition of desolation is similarly defined to mean whatever disconnects someone from themselves, others, God and the universe. The questions become the parameters for the quality of life that a person lives. The first question: "For what am I most grateful?" is usually easy to answer. The second question: "For what am I least grateful?" is a bit more difficult because some people believe they are not, or cannot be ungrateful.³⁵ For example, as a pastor in a counseling session I introduced these two questions to a person with whom I was counseling. When I asked the second question she immediately said, "I don't think that way. I just can't think about being ungrateful." One of her counseling issues is her entrenched system of denial. She cannot acknowledge the pain in her life and is therefore inhibited from taking in the love. I believe she is spiritually deprived and has unmet needs. The Linns explained that what one feels grateful for in a day is generally something that has an "energy" that is needed, and what one feels not so grateful for generally involves a frustrated or unmet need. Thus, this process could help my

³⁵ Dennis Linn, Sheila Linn and Matthew Linn, Sleeping with Bread (Mahwah, N.J.: Paulist Press, 1995), 19-21.

parishioner identify her unmet needs and assist her in meeting the unmet needs behind her desolation.

Caring Ministry: Eyes, Ears, and Hands of Christ

In order for a caring ministry to be on the cutting edge, it must pay attention to the spiritual depth of caring, preaching, and administration as an incarnational form of Christ. This focus for the caring ministry brings about a focus on incarnating Christ as it engages in congregational care which exemplifies the eyes, ears and hands of Christ. Pastoral care and counseling is one example. It is one of the forms of ministry which integrates the findings of behavioral science and theology.³⁶ Edward Thornton in Theology and Pastoral Counseling believes that experiencing God's grace is the ultimate goal of pastoral care and counseling. Experiencing God's grace is the divine-human encounter in the midst of human crises.³⁷ Thornton explains that the divine-human experience is to be encountered within community, not in isolation from one's community of faith. The historical forerunner of personal pastoral care and counseling was the dramatic power of the person of Jesus in his healing ministry. The central challenge of Jesus' ministry of healing was the challenge to prepare the way for His continuing encounter with humans in the midst of illness, handicaps, and tragedies.³⁸

Pre-existence of the Soul and its Relationship to Immortality

Examples of human crises encountered in caring ministry are end of life issues and terminal illnesses. Terminal illnesses often cause individuals to raise questions about

³⁶ Johnson and Dreitzer, 159-60

³⁷ Edward E. Thornton, Theology and Pastoral Counseling (Englewood Cliffs, N.J.: Prentice-Hall, 1964), 16.

³⁸ Ibid. 32.

the doctrine that teaches that souls of humans had a prior existence before being born into mortal bodies. This concept is directly related to eternal life in heaven after death. It is conceivable that this concept formed as an aspect of Paul's belief. Its origins were likely in Paul's Jewish background. For example when he refers to his turning away from persecuting followers of Jesus, Paul speaks of God as "he who had set me apart before I was born" (Gal. 1:15). Another passage, which consists of a thanksgiving to God, reads as follows: "even as He (God) chose us in Him before the foundation of the world" (Eph. 1:4). This verse seems to affirm that in the beginning a celestial design had been formulated to select persons to fulfill God's purposes. A second dimension may have been that God's selection was carried out among persons during the preexistent state.³⁹

Henri Nouwen writes in Life of the Beloved that as the Beloved, we are God's chosen ones. By that he meant that people have been seen by God from all eternity and seen as unique, special precious beings. He continued to explain that from all eternity, long before a person was born and became part of history, the person existed in God's heart.⁴⁰

Nouwen believed that suffering that comes from brokenness is similar to the pain and suffering caused by terminal illnesses. He also understood that brokenness was never far beneath the surface of human existence because humans know that no one will escape death, which is the most radical manifestation of brokenness.⁴¹ He noted that humans are called to give themselves, not only in life, but in death as well. He continued by noting

³⁹ S. Kent Brown, "Souls, Preexistence of," in The Anchor Bible Dictionary, ed. David Noel Friedman, vol. 6 (New York: Doubleday, 1992), 161.

⁴⁰ Nouwen, 45.

⁴¹ Ibid. 70.

humans are called to make their death their greatest gift. He maintained that since it was true that humanity was broken so as to be given, then the final brokenness, death was to become the means of the final gift of self. For persons who believe they are Beloved sons and daughters of God, dying is the way to becoming a pure gift.⁴²

Kathy Black in A Healing Homiletic states that God wills the well being of humans. He wills the well being that is possible for each and every person. Black explained that devastation, sufferings, and frustration happen in this world but God does not cause them to happen. God is present in the midst of humans to uphold them and transform them. Resurrection happens in their lives without God causing the suffering and death necessary for resurrection to occur. God's grace is all-powerful and can turn pain into healing. And more importantly, God can turn healing into growth, and even into spiritual gifts. People can experience the presence of God through the comforting touch of another person, through the living acceptance of another, through a hug or an invitation to the table of fellowship.⁴³ Members of the care team or participants in the caring ministry are agents of God manifesting a theology of caring, which brings about transformation in the lives of others.

Biological, Psychosocial, Spiritual, and Faith Stages of Development

As the Theology of Caring is expressed through acts of caring in a caring ministry for older adults it is important to understand the biological, psychosocial, spiritual, and faith development stages of the lives of those persons. Research has shown that people have the potential for self-development and psychological growth throughout their life

⁴²Nouwen, 92.

⁴³Kathy Black, A Healing Homiletic (Nashville: Abingdon Press, 1996), 35-37.

span. However, it was also known that people do not suddenly become different as they age and do not typically define themselves as old. Instead, the individual experiences a consistent sense of self throughout their life span.

People over age sixty-five experience increased stress due to deaths of close family members and friends, chronic health problems, and the need to deal with increasingly complex systems relating to health issues, finances, and residential resources.⁴⁴ It is known that such levels of stress can trigger a number of changes in the immune functions of aging persons. Such changes involve the T-cell arm of the immune system and, more specifically, the Th-1 responsive cells. There is also a decline in cytotoxic T-cell activity. Decreased lymphokine production, which lowers resistance to some tumor cell and viral challenges in the human body, is also present. Fewer T-cells produced by the thymus gland means a greater probability that there will be an increased likelihood of illness from immunologic-related causes (see Appendix B).⁴⁵

There are biological, psychosocial, spiritual, and faith variables present in patterns of normal and abnormal aging. An understanding of those variables is helpful for providing meaningful acts of caring to older adults. There are many psychosocial theories of aging which explain those variables: Disengagement Theory, Activity Theory, Erikson's Stages of Man, Clark and Anderson Framework, and Atchley's Continuity Theory.⁴⁶

⁴⁴ Janet L. Ramsey and Rosemary Blieszner, Spiritual Resiliency in Older Women (Thousand Oaks, Calif.: Sage Publications, 1999), 8.

⁴⁵ Nicholas R. S. Hall, Fred Altman, and Susan Blumenthal, Mind-Body Interactions and Disease and Psychoneuroimmunological Aspects of Health and Disease (Orlando: Health Dateline, 1996), 161-62.

⁴⁶ Burnside and Schmidt, "Demographic and Psychosocial Aspects of Aging," 12, 17.

In The Seasons of a Man's Life, Daniel Levinson divided the human life cycle into a set of periods. These developmental periods were viewed in terms of the evolution of life. In this scheme, each period was followed by an age-linked sequence. Levinson defined a typical age of onset for each period. While the developmental periods were age-linked they were not a simple derivative of age. The timing of a period and the kind of developmental work done varies with the individual's biological, psychological and social conditions. Developmental impairments and defeats from the past may prevent a person from beginning a new period. Thus, the person becomes dormant in his/her development.⁴⁷

Lawrence Kohlberg, Jean Piaget and Jane Loevinger described theories that contain hierarchical stages and sequential periods within the human life span. These meant that a person advanced from one level to the next with each stage representing a higher capability of functioning.⁴⁸

Levinson concluded by explaining that the life cycle is an organic whole and that each period is cumulative of that which came before. He cited Marcel Proust who noted that a person is “a creature without any fixed age” and yet is governed by time and by the “epochs” in his/her life. Levinson continued by explaining that people are never ageless, but as they gain a greater sense of their own biographies they begin to exist at multiple ages. In this process, people do not fragment themselves but rather become more integrated and whole over time.⁴⁹

⁴⁷ Levinson et al, 318.

⁴⁸ Ibid., 321.

⁴⁹ Ibid., 321.

The concept of people gaining a greater sense of their own biographies as they begin to exist at multiple ages is similar to that of spiritual formation. Formation is a fundamental characteristic of human life, which is happening with or without human awareness. For people of Biblical faith, history of themselves is not the final source of personal formation it is a means through which God works to shape human beings into their destinies. To be shaped by God's design is a particular expression of personal formation that is spiritual formation. Irenaeus, the third-century bishop of Lyons, noted this Biblical theme when he observed, "the glory of God is the human being fully alive." The God known in Scripture is a God who continuously forms something out of nothing, for example the earth and heaven.⁵⁰ Spiritual formation is understood as that process whereby humans grow in a relationship with God and become conformed to Jesus Christ.⁵¹ Spiritual resources emerge from spiritual formation and as previously stated the focus of this project is on the need for older adults to become aware of spiritual resources as a means to accepting and adjusting to age-related changes and illnesses.

The social psychological variables related to the life cycle were stated in relation to persons becoming more integrated and whole over time however, a vital part of the integrated wholeness involves the process of spiritual formation. Elizabeth Liebert in her expanded edition of Changing Life Patterns: Adult Development in Spiritual Direction introduced structural theories of human development and examined how those theories impacted on spiritual direction. In addition she viewed spiritual guidance as a term

⁵⁰ Timothy Jones, gen. ed., preface to Spiritual Formation Bible: Growing in Intimacy with God through Scripture (Grand Rapids: Zondervan Publishing House, 1999), x.

⁵¹ Ibid., v.

referring to all pastoral responses which were called “care of the souls” or “cure of the souls” since the time of Gregory the Great in the sixth century.⁵²

Like Liebert I view spiritual guidance as pastoral responses which are caring acts that emerge from a theology of caring. Pastoral functions serve to heighten the awareness of God’s call and in so doing creates appropriate human responses.

Liebert continued by explaining that spiritual direction particularizes spiritual guidance in response to individual unique experiences, life circumstances and decisions.⁵³ Such particularization relates to the individual Spiritual resources needed to meet the unique needs generated by those experiences, circumstances and decisions.

Liebert noted that experiences and circumstances characterize human developmental stages. She has labeled the three most common adult developmental stages as Conformist, Conscientious, and Interindividual stages. She noted that stage descriptions are abstractions and generalizations of a wide range of behaviors: No one person exemplifies all the characteristics of a given stage and further it is impossible to note at what point a person actually reaches a stage.⁵⁴ In her discussion of each stage she identified four domains of ego development, which have implications for spiritual direction. These are cognitive style, conscious preoccupation, impulse control (character development) and interpersonal style.

The Conformist stage is characterized as the self being constituted by a variety of relationships. At this stage relationships are not seen as separate from the self. No self exists apart from the network of relationships. A significant characteristic of this stage is

⁵² Liebert (exp. ed), 1.

⁵³ Ibid.

⁵⁴ Ibid., 78.

concerned with identifying the welfare of one's own self with that of the group. For the adult this group may be one's ethnic group, religion and or church. The group is experienced socially as a whole, held together as a shared community of common interests and beliefs. A person at the conformist stage will perceive differences between groups but is not sensitive to differences between individuals within a given group. For the conformist others are and ought to be socially approved by the group. This characteristic of being unanimous in this stage inhibits the possibility of inclusiveness and anger becomes a particular problem for a conformist person because expressing anger risks tearing the fabric, which makes up the self. This stage emerges in adolescence and becomes a permanent style for many adults.

In the Cognitive style domain, Conformist individuals exhibit stereotypic thinking, clichés and all-or-nothing statements. They are more at home with concrete thinking which focuses on external objects and behavior, including appearance, reputation, social acceptance, belonging and material things. A spiritual direction task would be to help the person to notice what happens inside them and to describe inner experiences and movements, which would eventually lead the person to incorporate feelings into prayer.⁵⁵

The Conscious Preoccupation domain of the Conformist stage involves curiosity about how others in the group see them. The individual self wants to be identical to group values and will work for group status symbols. In spiritual direction, prayer focus

⁵⁵ Ibid., 85

is on concrete styles such as formal prayers and other traditional forms of worship believed to be valued and expected by their church communities.⁵⁶

The domain of Impulse Control for the Conformist stage is a process in which persons view all rules as having the same significance. Rules are seen as “rules” and must be followed in conforming to group norms for a sense of belonging. One issue related to spiritual direction involves the individual being very self judgmental as well as very judgmental of others. Such persons need to be gently challenged to differentiate between moral, behavioral, and doctrinal issues and the free, unearned grace of God should be also stressed.⁵⁷

In the Interpersonal Style domain of the Conformist stage people feel trust and warmth from people and groups like them and extend cooperation to such groups. Their ability to participate equally in relationships is limited to conscious participation. An inclusive social worldview is developmentally beyond the conformist person. Some people in this stage may experience God as a personal judge or strict parent who haunts their every infraction of the rules. Also God can be a separate person with whom the person could have a deep relationship.⁵⁸

As development continues, at some point, relationships “move over” and the self is no longer identified in terms of relationships. This allows the self to internalize relationships because the self is separate from relationships.⁵⁹ During this transition there is increased self-awareness which is a new consciousness and is a prerequisite for

⁵⁶ Ibid., 87

⁵⁷ Ibid., 89

⁵⁸ Ibid., 91.

⁵⁹ Ibid., 81.

replacing group values with personal values. Thus, the stage of Consciousness emerges.⁶⁰ In this stage learning occurs through identification and models. This self-aware developmental stage is characteristic for more women than men over extended periods in their lives. For these women when the crucial shift out of conformity occurs there is a centering around three movements: from passivity to action, from concept of self as static to a concept of self as becoming, and from silence to the reliance on an infallible inner sense.⁶¹

Persons in the Cognitive domain of the Conscientious stage see themselves in the context of, though distinct from, community and society. They have a deep ability to perceive patterns, recognize traits and motives in themselves and others and to understand personality as a system. They experience the loss of external certainties, which may cause them to seek spiritual direction as an attempt to establish inner direction. Only at this stage is it possible to self-consciously acquire religious values, behaviors and beliefs. For some people a crisis may center on images of God, God's authority, or God's power in the world. For many women, the transition from male dominated language to inclusive language at this stage caused a revolution in their entire view of God. For other women, the crisis may focus around rebellion against, or collapse of, the structure, which had previously been given divine sanction. An example of such structure is the authority structure of the church with respect to moral norms, the form of religious life, the place of women in society, or the understanding of the family.⁶²

⁶⁰ Ibid., 99.

⁶¹ Ibid., 100.

⁶² Ibid., 105.

The Conscious Preoccupation domain of the Conscientious stage is a sense of being the author of their own destiny. Conscientious persons value achievement and use internal rather than external standards to judge this performance. Characteristics of the Conscious Preoccupation domain include obligations, ideals, traits and achievement. The person in this stage and domain is not always aware of their behavior or motivation. At this stage self and self-identity move to center stage. There is an enriched capacity for long-term goals, ideals and values. Theological assumptions emerge which assert that God works freely with each person.⁶³

Persons in the Impulse Control domain of the Conscientious stage assume responsibility for themselves, which includes adopting inner, moral, self-evaluated standards. Conscientious persons tend to feel guilty for the consequences of their actions. Persons in this domain and stage may express confusion over what is really wrong or right.

The Interpersonal Style domain of the conscientious stage is a time where developmental readiness for intimacy appears which results in an increased potential for mutual, intense relationships. Increased potential for interpersonal relationships also extend to relationship with God. Persons at this stage are involved in more true reflection. Prayer for the first time can be truly affective. When persons do not experience themselves treated as unique individuals within significant relationships, or authority seems depersonalized they may go into a crisis (Appendix C: Illustration of Interpersonal Style Domain and Conscientious Stage-Case Study).⁶⁴

⁶³ Liebert (exp. ed.), 107.

⁶⁴ Ibid., 109-10.

The Interindividual stage of development reveals heightened recognition of individual differences, which leads to a new level of toleration of self and others. Typical of this level is the emerging of conflict between personal freedom and interpersonal responsibility. Persons at this level show a marked shift in self-awareness and self-reflectivity. Their self-reflection is more integrative, oriented toward finding causes and reasons for one's own experience, understanding of self in the context of relationships, and additional awareness of psychological development over time.⁶⁵

For persons in the Cognitive Style Domain of the aforementioned stage discernment becomes a more complex undertaking due to the range of alternatives and their implications. These persons can see themselves as participants in sinful structures and grasp second-order concepts of institutional oppression and social sin. They recognize the call to conversion that comes from both personally and institutionally. They have a broader sense of sin, repentance, and just action.⁶⁶

Interindividual persons in the Conscious Preoccupation domain consciously express vivid feelings, including both existential humor and sorrows. This concept of development includes physiological and psychological development and motives. Self-fulfillment becomes a conscious goal. They move toward a renewed vision of life purpose.

The domain of Impulse Control for the Interindividual stage has persons striving to be realistic and objective about themselves and others. There is a measure of freedom from earlier stages with recognition that not all problems are solvable. Seekers in

⁶⁵ Ibid., 119.

⁶⁶ Ibid., 122.

spiritual direction recognize that they have needs which cannot be ignored. Those needs may easily conflict with duties they have assumed. They need to develop a vision that is both kept alive and yet tempered by a new realism.⁶⁷

The Interpersonal Style domain in the Interindividual stage is a time of autonomy with the reality of irrevocable commitments. There is recognition of the legitimacy of perspectives other than one's own which raises the issue of interdependence with groups whose values and goals may be in conflict. The ability to learn from different viewpoint becomes structurally prominent. Spiritual direction includes incorporating the self in freeing God to be God. People in this stage know themselves as separate only insofar as they live in connection with others and that they experience relationships only as they differentiate other from self. In this stage growing autonomy extends to spiritual life as well as other aspects of their human existence. The virtues of the Interindividual stage include increasing intimacy with self, others and God along with sense of co-creating with God.⁶⁸

An understanding of stages of development and their domains by the members of the care team in the caring ministry provide a perspective from which to understand the older adult's expression or lack of expression of their awareness of spiritual resources as they experience age-related life changes and illness. It is however, important to understand and value the educational levels, the presence of physical illnesses and cognitive dysfunction (dementia's due to stroke, Alzheimer's disease, and traumatic brain injury) in assessing and appealing to their spiritual resources as they are being guided in

⁶⁷ Ibid., 124.

⁶⁸ Ibid., 124.

the building of their spiritual awareness.

There is a need however for additional literature on the theology of caring as manifested through caring acts and the impact of caring acts upon older adults as they are experiencing age-related changes and conditions.

CHAPTER 3: Methods and Procedures

The purpose of this chapter is to: (1) explain the nature of the survey sample and why chosen, (2) describe the data sources and how they were chosen, (3) describe the methods of investigation stating how and why they were chosen, and (4) illustrate procedures followed in gathering the data.

The purpose of this investigation was to: (1) identify how pastors in five protestant churches serving older adults understand, perceive and implement a practical, effective Theology of Caring through caring ministry programs; (2) clarify the role of parish nurses as they utilize a theology of caring when identifying and meeting the wholistic needs of the parishioners; (3) identify the role of specially trained volunteers when serving parishioners with age-related needs and conditions; (4) identify the parishioner's awareness of spiritual resources as one means of coping with age-related changes and conditions; and (5) verify age-related conditions and needs through review of parishioner care note records in one of the churches.

Nature of Survey Sample

The survey sample was composed of five churches, a selected number of parishioners from each church, a pastor of each church, care note records and notes of appreciation (from one church), parish nurses (from four churches) and Stephen Ministers (from one church).

Selection of Churches

The following criteria was used: (1) location in retirement community or the majority of the membership was age fifty-five and older; (2) active caring ministry in

existence for one or more years; and (3) a parish nurse on the staff and or a Stephen Ministry program.

The importance of the existence of the caring ministry for one or more years was to assure that many of the parishioners understood and had received acts of caring from the parish nurse and or Stephen Minister. A parish nurse on the church staff made it possible to clarify the role of parish nurses as they utilized a theology of caring when identifying and meeting the wholistic needs of the parishioners. Stephen Ministers are specially trained volunteers who served parishioners with age-related needs and conditions. Thus, it was possible to identify the roles of the parish nurse and Stephen Ministers.

Profiles of Selected Churches

Church A with Pastor 1: This church is located in a retirement community. It has four hundred members. The average age of the membership is approximately eighty years. All staff is involved in the caring ministry of the church. A lay staff person coordinates the care ministry activities throughout the church. A half-time parish nurse is also on the staff. A friendly visitor program provides volunteer care activities.

Church B with Pastor 2: This church has eleven hundred members. The average age of the membership is approximately seventy-five. It is located in the same retirement community and on the same street as church E. A pastor coordinates the caring ministry program. In addition they have a half-time parish nurse. A group of volunteers are involved in a congregation care ministry committee. This committee provides many types of caring acts. In addition they have a Stephen Ministry program and an active telephone prayer chain.

Church C with Pastor 3: This church is located outside of but next to the retirement communities and has two hundred members. It started five years ago. The average age of the congregation is approximately fifty-five. Three years ago as a student intern I worked with a core group of volunteers to form their Care Ministry. Since that time they have established a Care Council, Care Caller Program and a Stephen Ministry. Volunteers and the pastor provide the caring ministry for this congregation. All care callers are trained volunteers. The care callers were trained to be good listeners, be sensitive to the feelings, pains and concerns of the church members. They have an automated telephone prayer chain and an email prayer chain both are monitored by the pastor.

Church D with Pastor 4: This church is located in the same community as Church A and has twelve hundred and fifty members. The average age of the members of the congregation is in the early eighties. There is a staff of one senior pastor, one associate, and one parish nurse. They have a Stephen Ministry program, volunteer friendly visitor program, prayer chain and a deacon coordinated neighborhood association. These groups also make care facility calls.

Church E with Pastor 5: The care ministry program in this church was developed over six years ago. This church has sixteen hundred members whose average age is seventy-eight. Presently there is a full-time senior pastor, full-time associate pastor, six part-time associate pastors, one three-quarter- time parish nurse. One three-quarter-time associate pastor (also a registered nurse) is the coordinator of the caring ministry. The multidisciplinary care team includes a nurse/pastor as coordinator, one additional

registered nurse, a certified pastoral care counselor, one ordained clergy and one half-time office support staff person.

This caring ministry model has a comprehensive computerized care record and parishioner tracking system. Pastors, word of mouth and self-referral are sources for the identification of care needs. When a need is identified the pastoral staff or the support staff completes a first contact information sheet. The various members of the care team who have assigned areas of responsibility for follow-up action respond accordingly. For example there is a grief ministry coordinator, homebound communion coordinator, homebound caller, care facility caller and hospital per-surgery prayer caller. Volunteer nurses participate in blood pressure and blood glucose clinics during fellowship hour between Sunday services two Sunday's a month. A care council composed of members representing all work and program areas of the church meets monthly. A large Stephen Ministry is organized with a twelve-member leadership team and fifty trained Stephen Ministers. In addition an active prayer committee emerged from the Stephen ministry program and meets regularly. This group plans and organizes, church prayer retreats, small prayer groups, prayer partners and an automated telephone prayer chain (like phone mail) utilizing trained volunteers.

The nurse/ pastor and the certified pastoral care counselor provide counseling to individual church members on a regular basis. The care ministry coordinator meets monthly with the health and welfare committee chairs, the Stephen Ministry referral leaders, and each member of the care team and holds monthly care team meetings. The coordinator chairs the monthly care council meetings, participates in the monthly Stephen Leader meetings, monthly health and welfare committee meetings, and weekly reviews

the prayer chain list, keeps a log of all activities, reviews the monthly logs of the care team members and attends the all church administrative council. The care ministry coordinator along with other staff and trained volunteers makes hospital and home visits and participates in church services twice a month. In addition, the care ministry coordinator develops and writes all policy and procedures for the caring ministry. The care council reviews these at least annually. This caring ministry was designed to be the eyes, ears and hands of God as support staff, clergy, volunteer members of the church community all work together as one body in Christ serving each other and the community.

Selection of Parishioners

The parish nurse in each of four churches selected the parishioners based on the following criteria: (1) the parishioner had received at least six service contacts over the past year, (2) diversity of age-related conditions and illnesses and (3) the last contact was within the last month. The parishioner knew the parish nurse and it was assumed that the parish nurse role was understood. One purpose of the study was to clarify the role of the parish nurse in the understanding of the parishioner.

The Stephen Minister used the above criteria for selection of the parishioners in Church C. This church does not have a parish nurse.

Selection of Pastors

The pastors, both senior and/ or associate, are the administrators of the caring ministries in each church and their theology would impact upon the caring ministry.

Care Note Records

The selected records were only from Church E. This church had the most comprehensive record keeping system over the longest period. The selected records were records on ten parishioners selected by the parish nurse, utilizing the same criteria used by the parish nurses for parishioner selection.

Parishioner Notes of Appreciation

The selected notes were only from Church E. This church had a collection of notes from parishioners, which were saved over the past five years. The criteria for note selection included: (1) the content of the note revealed that the parishioner had or was recovering from an age-related condition or illness; (2) note content revealed the presence and awareness of spiritual resources within the parishioner; and (3) the parishioner utilized their spiritual resources. Only one criterion had to be present for the note to be selected.

Parish Nurses

The parish nurses selected were the employees of the major health care organization and were partially funded by the health care organization but were under the supervision of the senior pastor or care coordinator at churches A, B, D, and E. All of the parish nurses had been working as parish nurses for over one and half years. The health care corporation co-funded with each of the churches the salary of the parish nurses.

Stephen Minister and Trained Volunteers

They were selected because they had received specialized training and served in the caring ministry.

Data Sources and How Chosen

The data sources were the senior pastors in four churches and an associate pastor in one church, parishioners (all five churches), parish nurses (Church A, B, D and E) Stephen Minister (Church C), care note records and notes of appreciation (Church E). See survey sample descriptions that describe how the data sources were chosen. In addition five instruments were used to collect the data from those sources.

Methods of Investigation

The methods of investigation utilized five instruments. First, interview questions were used for interviewing each pastor. Second, Health Status Profile was sent to twenty-five parishioners in four churches that had parish nurses. Third, interview questions used by the parish nurses when interviewing individual parishioners in all five churches. Fourth, checklist and guide listing spiritual needs and spiritual resources for use in the record review in one church. Fifth, criteria format for reviewing parishioner appreciation notes.

Pastor Interview Questions (Appendix C)

I created the interview questions from information gleaned from reviewing the literature in spirituality, definitions of caring, definitions of Christian Theology, and review of the literature on wholistic approach (mind, body and spirit) as well as on pastoral and health care. I identified the following components of the theology of caring: First, providing useful Christian caring acts based upon knowledge of God, which is within the moral ideal of protection, enhancement and preservation of human dignity. The second component possesses a commitment to Christian caring for others. And the

third is the integration of the attitude of Christian Theology into pastoral and health care. I incorporated the content of the components into the questions.

This instrument was designed to identify how the pastors perceived and implemented a practical, effective theology of caring through caring ministry programs.

Health Status Profile (Appendix E)

During meetings May- June, 2000, I worked with representatives from the health care corporation that employed and co-funded the parish nurses to develop a parish nurse program evaluation tool. The parish nurses, other healthcare corporation staff and I, provided input for the questions for the instrument. It was sent to a select number of parishioners at each of the four churches who had parish nurses. The responses served as a pilot study for the Health Status Profile in this survey. The questions for the Health Status Profile in this 2001 survey were revised and consolidated from the year 2000 survey. The word 'health' in the title implies wholistic health, of mind, body and spirit.

The 2001 profile was mailed to twenty-five parishioners in each of the four churches. The parishioners were selected according to the previously stated criterion. This tool was designed to clarify the role of parish nurses as they utilize a theology of caring when identifying and meeting the wholistic needs of the parishioners.

Parish Nurse Interview Questions (Appendix F)

I developed the questions for this tool from information gleaned from the review of the literature in spirituality, aging and religion. This instrument was designed to identify the parishioner's awareness of spiritual resources as one means of coping with age-related changes and conditions.

Andre' Vauchez and Jean Leclercq noted in Exploring Christian Spirituality that the total context of spirituality should be studied. That total context would include the person's theological and religious attitudes. The study would include such questions as: (1) What is the view of God as expressed or implied? (2) What is the view of a person's relationship to God? (3) What is God's relationship to the person regarding the role of Christ and the Spirit? In addition they noted that the total context of psychological, historical, anthropological, sociological, philosophical, linguistic, and other influences should be considered because each of these elements are the foundation for an individual's spiritual understanding and response.¹ While it is impossible for the interviewer to determine the total context of each individual's theological and religious attitude during their interview, it is possible to become more aware of their faith development and religious attitudes over time through the provision of caring acts.

Checklist and Guides Listing Spiritual Needs and Spiritual Resources (Appendix G)

This instrument was designed for two purposes: (1) to verify age-related conditions and needs through review of parishioner care note records in one of the participating churches, and (2) identify the involvement of specially trained volunteers. The lists of spiritual needs and resources were adapted from Harold Koenig's spiritual need categories for older adults. In Aging and God, Koenig identified those

¹ Cited in Walter Principe, "Toward Defining Spirituality," in Exploring Christian Spirituality, ed. Kenneth J. Collins (Grand Rapids: Baker Books, 2000), 50.

categories as: (1) meaning purpose and hope, (2) transcending circumstances, (3) support in coping with loss of continuity, which includes validation and support of religious behaviors, (4) engaging in religious actions that support personal dignity and a sense of worthiness, (5) unconditional love, (6) expressing anger and doubt, (7) feeling that God was with them (feeling that they were not alone), (8) loving and serving others, (9) being thankful (grateful), (10) forgiveness, and being forgiven, and (11) preparing for death and dying² (Appendix G).

Format for Reviewing Parishioner Notes of Appreciation

From the five years of notes of appreciation received from parishioners for acts of caring in one church, thirty-four notes were selected. The format for note selection was: (1) did the content of the note reveal that the parishioner had or was recovering from an age-related condition or illness, (2) did the note content reveal the presence and awareness of spiritual resources within the parishioner, and (3) did the parishioners utilize their spiritual resources? Only one factor had to be present for the note to be selected.

This process was done to identify the parishioner's awareness age related conditions and illnesses as well as ascertain whether they cited spiritual resources as a means of coping with age-related changes and conditions.

Data Gathering Procedures

The procedures for gathering data through the use of each of the following instrument are discussed. First, gathering information from pastor interviews, second, soliciting parishioner perceptions and understandings from the health status profile

² Koenig, 284-93.

questionnaire, third, obtaining information directly from parishioners from parish nurse interview questions, fourth, completing a review of parishioner care note records utilizing checklists of spiritual needs and spiritual resources and fifth, the gathering of specific information from notes of appreciation.

Pastor Interviews

A letter of introduction was sent to each of the pastors. The letter explained the purpose of the interview and each was assured they would receive a copy of the survey. A follow up phone contact was made to obtain their approval and schedule an interview. Each pastor was assured that the interview would last forty-five minutes to an hour.

Each pastor from the five participating churches was interviewed. The interview questions were designed to give each pastor an opportunity to share their concept of a theology of caring. They were asked to describe how they translated those concepts into Christian acts of caring through a caring ministry. It was important to ascertain what they believed to be the knowledge and accompanying attitudes needed to guide parishioners to develop Christian spiritual resources. The pastors were also asked what knowledge was required to provide acts of caring and to review what they believe to be spiritual resources within the parishioners in their congregation.

As I asked pastors a question, I wrote their responses on a note pad. I allowed each pastor as much time for each question as they needed. I did not interrupt nor ask for clarification. Each pastor was asked the same questions in the same order. At the end of the interview I returned to my office and typed up the notes on each interview.

Health Status Profile

The health status profile questionnaire was mailed to twenty-five parishioners in four participating churches. These churches had parish nurses. Parishioners were given a month to respond. The parish nurses did follow-up phone calls to those who did not respond.

The instructions for the respondents were to answer every question by selecting the appropriate answer. If they were unsure about how to answer a question, they were asked to give the best answer that they could. Confidentiality was assured. There were seven major questions and various categories of answers related to each of the seven questions.

Question 1: Which of the following would you expect from a Parish Nurse Program? Answer categories: Health education, health care referrals, Spiritual care, Parish/Congregational Resources, and Community Resources. This question illustrates parishioner expectations, which is foundational to understanding the role of the parish nurse.

Question 2: Are your expectations of a Parish Nurse Program currently being met? Answer choices: Yes, No.

Once expectations of the parish nurse are understood then the parishioner can evaluate whether expectations are being met.

Question 3: What service did the Parish Nurse provide to you? Answer categories: spiritual support, visitation, blood pressure/blood sugar screening, referral for you or a family member to other healthcare services, community resource referrals/information,

medication education, parish/congregation resources, health education regarding prevention and disease/diagnosis and prevention, and dietary consultation.

This set of questions was more specific in the actual duties of the parish nurse. They also illustrate concern for the whole family being served.

Question 4: Because of the Parish Nurse interventions...: Answer choices: I feel more connected to and cared for by the Church, I am prepared to take better care of myself and remain as independent as possible, I feel that I am strong enough physically, emotionally, and spiritually to participate in my normal daily activities, I understand my disease/ diagnosis or condition better, I understand when it is appropriate to call 911 or go to the emergency room, I am more compliant with my medication regime, I comply with my diet and health regime, I am able to reduce the number of times I need to visit the doctor, I am able to reduce the number of times I need to be hospitalized. These statements imply that not only is there understanding of the expectations and services but the services have had an impact upon their life. These statements represent a wholistic response.

Question 5: As a result of the Parish Nurse support in my life... I have a better understanding of the relationship between faith, health and healing. Answer choices: yes, no.

This statement is evaluating the parishioners understanding of the relationship between faith, health and healing and the parish nurse services. Again this illustrates a wholistic approach.

Question 6: Are you male or female?

Question 7: How old were you on your last birthday?

While these questions are self-explanatory it gives a partial profile of the members of the church community.

Parish Nurse Interview Questions

After I created the interview questions I met with the four parish nurses. We reviewed the questions and role-played an interview. Their suggestions for word changes were incorporated. They agreed to interview five to ten of the parishioners who had responded to the health status profile. The nurses could not take time out of their schedules to interview all twenty-five health profile respondents.

The nurses used the same interview questions for each parishioner. The interviews were done during a home visit. The initial parishioner selection process was based upon a previous planned home visit.

The questions were developed with the understanding that as people were asked to respond to questions, whether oral or written, they were involved in a learning process. In that learning process they were becoming more aware of their own thoughts and meanings in their responses. The philosophy utilized in creating the questions was one of starting with the general and going to the specific. The questions were designed to guide the responder's thought processes from general to specific and I believe as that happens the person is gathering information from inside themselves to make more specific responses. In addition the questions were designed to increase the respondent's awareness of their own spirituality which takes into account the link between faith and their reactions aroused from receiving acts of caring from a theology of caring. During the interview the parish nurse asked the following questions.

Question 1: In what do you have faith?

This is a general question which in most situations, I hope, would be answered, God. It is a question leading to when the respondent thinks about, if in fact they did answer, God.

Question 2: When do you think about God?

This question is a natural sequence from “in what do you have faith.” If for example the answer is God.

Question 3: How have your beliefs in or about Jesus Christ been helpful to you?

It is hoped that the respondent is now thinking about God and the idea here is to guide the respondent to think about the love and service from and to others, which Jesus taught.

Question 4: When you hear the words Holy Spirit-what words come to you?

The respondent has received caring acts from others, which is the Holy Spirit in action.

This question is designed in the hope that the respondent has become aware of the spirit in which the caring acts were provided.

Question 5: Do strength and courage in facing difficulties come from a spiritual resource, such as faith in God?

Strength and courage emerge from an individual’s spirituality which is the motivating feeling known as the soul of life. This question is designed to cause the respondent to be aware of their faith as a spiritual resource.

Question 6: When you are sad, angry or frustrated who or what do you turn to for guidance?

This question is designed to guide the respondent to think about what they do when they are emotionally distressed and that there are resources that they can turn to when they are distressed.

Question 7: How do you feel when others are helpful to you?

It is hoped that the respondent is already thinking about God, Jesus, and the Holy Spirit and receiving help from others. This question is designed to assist in identifying feelings about receiving, giving, and the presence of the Holy Spirit.

Question 8: How do you feel when you help others?

This question is in a natural sequence as it focuses on the spirit of giving.

Question 9: Is there a relationship between caring acts from the Church and your faith?

It is hoped the answer is that caring acts from my Church renew my faith. The question is designed to help the respondent see that very relationship and that as they provide caring to others it renews the faith of others as well.

As noted in Swenson's Visible and Vital, knowledge of God is based on one's own experience and what others share with each other.³

³ Swenson, 8.

Question 10: Are caring acts from the Church different than caring acts from other sources (such as social service agencies, hospitals)?

This question is designed to hopefully cause the respondent to realize the differences and become aware that the church is the place where values are transmitted, faith is nurtured and the will of God is taught.⁴

Parishioner Record Review

I designed a guide for listing spiritual needs and spiritual resources which was used with a grid on which to record the identifying number for the spiritual need or resource. The grid also had a column for the identifying record number, dates and location of the contact or visit. The next columns on the grid were divided into categories of physical/cognitive/ emotional needs, identified spiritual needs and identified spiritual resource. The last column was for the name and title of the person who made the note (see Appendix G.1).

The records were reviewed for caring acts referencing needs due to age-related physical, cognitive and emotional changes. Documentation of spiritual needs and the use of spiritual resources by members of the care team were also noted. Caring acts were visits to different settings as well as phone care. This process served as an evaluation for identification and response to parishioner needs. The frequency and type of visits were noted. Types of visit meant, a pastor, counselor, and trained volunteer or parish nurses' visit. The settings of the visits were hospital, emergency room, home, rehabilitation facility, and care facility.

⁴ Ibid., 8.

I selected the records of the same ten people that the parish nurse interviewed during home visits. The records were from the church that had the most comprehensive record keeping system for over five years. Six were records of husband and wife, one was sister and brother and three were single people.

Notes of Appreciation Written by Parishioners

The final method was a review of numerous personally written notes, which were written to members of the care team. These were reviewed for evidence that age-related and spiritual needs were met as well. The review was designed to determine if there was increased awareness, on the part of the parishioners, of their spiritual resources. Each note was given an identifying number. As situations and caring act responses were identified in the notes they were listed on a chart with corresponding note number. This provided the data from the notes.

CHAPTER 4: Project Results

The focus of this project was to demonstrate that a practical and effective Christian theology of caring was a means of guiding older adults to utilize spiritual resources needed to accept and adjust to age-related changes. The data sources used to acquire data for that purpose were pastors at all five participating churches (A, B, C, D, E) parishioners at all five churches, parish nurses (Church A, B, D, and, E), Stephen Minister (Church C), care note records and notes of appreciation (Church E). The methods used to acquire the data were; interview of pastors at all five churches, a questionnaire titled, Health Status Profile, mailed to parishioners at churches (A, B, D, and E), interview questions for parish nurses and one Stephen Minister to use when interviewing parishioners at churches (A, B, C, D, and E), parishioner care note record review (Church E), and reviewing parishioner appreciation notes (Church E).

This chapter will provide the results and discussion of results for each method as it relates to the purpose of this project. The first purpose was to identify how pastors in five protestant churches serving older adults understood, perceived and implemented a practical, effective theology of caring through caring ministry programs.

Interviews with Pastors

Question 1: When you here the words, “Theology of Caring” what descriptive words do you think of?

Church A-Pastor 1: “Exciting, intricate, life giving and dynamic.”

Church B-Pastor 2: “Ministry of presence, bringing Gods presence to people.”

Church C-Pastor 3: “God, Christ, caring compassion, concern, healing, thinking deeply about motivation to care, and the Bible implies a systematic way of thinking about care.”

Church D-Pastor 4: “The words imply understanding of faith and how it applies to the older adult’s changing experience. The same would apply as the older adult’s relate to each other, that is, to share those experiences with others. Theology is more of real life experiences than of their faith.”

Church E-Pastor 5: “We have a theology of care that is based on the concept of unity of purpose. We are men and women in Christ. We listen, encourage, pray and provide acceptance of the people. Also God is love. Love of God shows love concretely in ministry of Christ. Every time the Gospel reports on any type of caring ministry it illustrates that God is love and God shows love by caring. Christian ministry flows out of who God is and what God does.”

Question 2: How do those thoughts translate into Christian acts of caring?

Church A-Pastor 1: “Acts of caring are everything that a church does. All acts of caring are underwritten by a theology of caring including preaching, reading or scriptures, just everything that a church does should be attached to a theology of caring. This includes greeters, the newsletter, the church bulletin, invitations just everything. A lot of what was done in the recent past was to feed the institution but it is better to meet the needs of the people. It is also designing ways that people can care for each other through phone, cads, etc.”

Church B-Pastor 2: “Acts of caring just provide ways and means to reach the parishioners as well as educating and understanding.”

Church C-Pastor 3: “These are acted out through caring ministry that is organized, purposeful and is touching lives in the name of Jesus Christ. It is touching people who are in need of care. This goes with the vision (of our church) statement and makes a difference in the lives of the people.”

Church D-Pastor 4: “First determine what changes are occurring with the persons being served and find “grace”-ful- ways to help them adjust to those in relation to God and each other. They are experiencing losses of all kinds and they don’t understand the changes. They also ignore, resist and fear changes. Our role is to help them through those experiences and to see that God values them.”

Church E-Pastor 5: “Christian acts of caring are not any different than any other acts of caring. Christian is not an-adjective it-is a noun. The only way for caring to be Christian is when it is done in the name of Jesus Christ. The person on the receiving end of caring wouldn’t know unless the caregiver said, ‘in the love of Christ.’ Whatever we do, do ‘in the name of Christ and the Glory of God.’ The difference is in motive. The motive is love and contribution to love of the Christian world. Christianity is not only defined by ethics, it is in knowing, loving and worshipping God.”

Question 3: What knowledge is required to provide Christian acts of caring?

Church A-Pastor 1: “Knowing that God cares for us and that this is real. Being able to see and feel life through the eyes, legs or arms of our parishioners. Need to know what resources are available in the community then provide without duplicating. It is also being informed of needs while respecting the dignity of others. Pastors have to be brave to call people to acts of caring. Caregivers should be equipped with knowledge to prevent harmful information from being carried.”

Church B-Pastor 2: "Having knowledge of parishioners and sensitivity as well as knowledge of resources and understanding of aging process, health issues. This knowledge enables listening. Knowledge of pastoral care principles is needed as well."

Church C-Pastor 3: "Knowledge of the Bible needs to be at the heart of the knowledge base. In more specific ways the knowledge needs to be in relation with Christ and faith and comes from a source deeper than self."

Church D-Pastor 4: "Knowledge of experience of faith and understanding of Christ for example, 'What is done to the least of them, you have done unto me.' Christ becomes our motivator. Our acts are connected to Divine acts of Christ. The knowledge is the experience of the relationship of Christ."

Church E-Pastor 5: "When viewed from caregiver, it is to know Christ and to know that Christians are called to do caring in Christ's name."

Question 4: How would you define Christian Spiritual resources?

Church A-Pastor 1: "They are those things that are unique to the followers of Christ. It is living in the unique joy of living through Christ and the free grace of God and Christ in care giving. We have a different character-- it is 'Free grace of God through Christ's caring.' Christian resources are the irresistible impulse to hear God's love in all situations."

Church B-Pastor 2: "Christian spiritual resources are generally anything that we use to help another person move into a closer relationship with God and to deepen and enrich the relationship with God."

Church C-Pastor 3: “Bible centered. Christian spiritual resources are written and from interacting with people and they extend through our ministries. Prayer is a spiritual resource through the body of Christ from which we extend ourselves more effectively.”

Church D-Pastor 4: “They are the word of God-both Christian and spiritual. They speak of the living word and it is transforming for the person. They are the ability to do amazing things. The scripture functions as the redemptive character in our lives through the agency of God’s spirit. The ‘Word’ is most effective and affective.”

Church E-Pastor 5: “They are centered in the word of God. There are four parts or components: Scripture, Christ (John 15), Holy Spirit (fruits of the spirit), and Church (Christian community).”

Question 5: What knowledge and attitudes are needed to guide parishioners to develop Christian Spiritual resources?

Church A-Pastor 1: “By being as aware as possible of books and training resources to have a non-institutional attitude for example the order of a worship service is not as important as caring for each other. It is a way of developing own spiritual resources not just for projects but it is important to study scriptures for the development of one’s own spiritual resources.”

Church B-Pastor 2: “Knowledge of scripture, prayer and pastoral care principles and an understanding attitude. An attitude of openness, willingness and the ability to ‘live outside of agendas’ and to be in genuine self and trust is big as well. Being first in God’s presence and allowing God’s presence to come forth. This allows God to work through you the pastor.”

Church C-Pastor 3: “We need to model a caring ministry to people so they can see and be comfortable and trust that they will receive Christian care-- also through worship and out in small segments. People receive attitudes and awareness when they are responded too when the need is the greatest. Needs are motivators. Coming to worship is a process of moving from getting here (to worship) to being here and also being open to the presence of the Holy Spirit.”

Church D-Pastor 4: “The first base in the knowledge of experience of faith through Jesus Christ. Also need to touch other bases such as daily experience with God and God’s Word. This is essential for growth and experience out of which to develop Christian Spiritual resources. The biography of God and God’s people are the book that becomes the important part of our faith and experience needed to be of growth and in context with the body of Christ. The church plays an important role in shaping the identity of persons. Worship is part of that experience; it is where gifts of God are stirred up. Fellowship and worship are vital. Then they can share their faith experience with other people—that is the greatest and most definitive experience of what that knowledge is about—it is sharing love on the faith journey. These are validating experiences of the Christian identity—the imprint.”

Church E-Pastor 5: “They are teach-ability, desire to learn, humility, felt dependence on Christ (beyond principle).”

Question 6: Do Christian Spiritual resources help older adults adapt to age-related changes and adjust to chronic illnesses? If so how?

Church A-Pastor 1: “Yes, because it confirms God’s presence and that presence may even be increased because of the difficulty the person is experiencing. Prayer helps

as well. There is flexible adaptation to what appears to be a savage aging processes and questions how much is personality and how much is spiritual resources. It may be by nature that the older adults are more available because of their stage in life and more aware of the need for grace. When they are generous they are exceeding graciousness because they have been through so much. It's as if life's adversities have become gains (losses become gains). So much has been taken and yet they become more real."

Church B-Pastor 2: "Definitely yes, especially for those who have the deeper relationship and have a resiliency. Older congregations have had many years in their development of spiritual resources through life experiences in which they have called upon spiritual resources. They often have the recognition of the presence of the triune God."

Church C-Pastor 3: "Yes, because they are aware of changes in their life situation as well as being aware of illnesses, so as a consequence they look for caring and are receptive and more seriously aware of reaching out and receiving. People of faith heal more quickly and effectively. There is a definite relationship between faith and physical healing."

Church D-Pastor 4: "Spiritual resources are essential. Older adults need to keep growing they need to be always growing and changing in their beliefs and value systems. They need to have proactive responses to God's grace."

Church E-Pastor 5: "Yes, when we are prayerfully and conscientiously making use of resources as noted above the results could be immeasurable. God makes available those resources and when we use them they are affective. We have been given resources

through the Holy Spirit. The ministry is describable in those terms" (Pastor Interview Responses-Appendix H).

Discussion

Through this interview process it was revealed that all five pastors have a theology of caring. Each expressed it in somewhat different terms but the common theme was that it was rooted in God and the teachings of Jesus Christ. In Chapter 2 it was noted that in order to have a theology of caring it means to provide a caring ministry in which every action or activity within a congregation has as its foundation a theology of caring. Pastor 1 expressed in his "words" related to a theology of caring that it was exciting, intricate and life giving and it is everything that a church does. While Pastor 2 noted that it was bringing God's presence to the people and a theology of caring provided a way as well as education and understanding to the parishioner. Pastor 3 expressed that it was God, Christ, caring, compassion, concern and healing. Pastor 4 explained that the theology of caring implied an understanding of faith and with an application to the older adult's changing experience it seemed like it was more from real life experience than faith. Whereas, Pastor 5 noted that the theology of caring was based on unity of purpose as men and women of Christ listen, encourage, pray and provide acceptance. It shows God is love by caring.

Seward Hiltner noted that a theology (of caring) which relates to aging is an attempt to understand and clarify the meaning of faith for older adults.¹ Pastor 2 explained that there needs to be knowledge of the parishioner, available resources (the

¹ Seward Hiltner, "A Theology of Aging." in Aging and the Human Spirit, ed. Carol LeFevre and Perry LeFevre (Chicago: Exploration Press, 1981), 45.

parishioners as well as community), pastoral care principles and understanding of aging and health issues in ministering with a theology of caring. As a basis of understanding the relationship of the theology of caring to spiritual resources a current concept of spirituality is used. This concept encompasses and stresses a holistic, inclusive perspective of spirituality. It embraces human life in depth as well as the life of the whole person, which is directed toward God and transcendence. Michael Downey explained that Christian spirituality was grounded in belonging to a community as a people of faith, which together expressed their sense of the sacred through word, gesture, action and community.²

Pastor 1 noted that spiritual resources were unique to the followers of Christ, were free through the grace of God and Christ and that they were an irresistible impulse to share God's love. Pastor 4 explained that spiritual resources were the Christian, spiritual living word of God which were transforming in that persons had the ability to do amazing things. Pastor 5 felt that spiritual resources were centered in the word of God and were obtained from Scripture, Christ, Holy Spirit, and the church community.

The theology of caring not only embodies the wholistic concept of spirituality it identifies spiritual needs through caring acts. When the five pastors were asked if spiritual resources help older adults adapt to age-related changes and adjust to illnesses all of them answered with a unanimous "yes." Pastor 1 said, yes, and spiritual resources confirm God's presence. Pastor 2 noted, yes, and explained it would be especially true when there a sense of resiliency is present and when there is recognition of the presence of triune God. Pastor 3 explained that spiritual resources create awareness of changes in

² Downey, 30.

persons' life situations. Persons in the church community look for caring acts. He concluded that there is a definite relationship between faith and physical healing. Pastor 4 stated that spiritual resources are essential; they are needed for growth and change to occur. He felt this was especially true in older adult's beliefs and value systems. Pastor 5 felt that God makes spiritual resources available through the Holy Spirit and when they are used they are effective.

Health Status Profile: Questionnaire Mailed to Parishioners

The second purpose of the project was to clarify the role of parish nurses as they utilized a theology of caring when they identified and met the wholistic needs of the parishioners. The second instrument, the Health Status Profile questionnaire was used for that purpose. It was mailed to twenty-five parishioners in church A, B, D, and E. It was not mailed to Church C because that church did not have a parish nurse. The following tables represent each question found in the questionnaire (one table per question), the parishioner's answers to each question by specific church, and the number of responses per church.

TABLE 1: Question 1—Which of the following would you expect from a Parish Nurse Program?

ANSWER	CHURCH A	CHURCH B	CHURCH D	CHURCH E	TOTAL
HEALTH EDUCATION	16	15	16	7	54
HEALTH CARE REFERRALS	14	15	18	12	59
SPIRITUAL CARE	13	7	16	9	45
RESOURCES-PARISH	12	8	17	9	46
COMMUNITY RESOURCES	13	5	17	9	44

Results Discussion for Question 1: It appears that many parishioners have an understanding that the role of the parish nurse is health education and health care referrals. However parishioner expectations of having parish nurses provide spiritual care is less than that of health education and parish and community resources. It is possible that parishioners expect their pastors to provide spiritual care.

TABLE 2: Question 2—Are your expectations of a Parish Nurse program being met?

ANSWER	CHURCH A	CHURCH B	CHURCH D	CHURCH E	TOTAL
YES	19	15	20	12	66
NO	0	0	0	1	1

Results discussion for Question 2: In one of the participating churches a parishioner apparently had expectations of the parish nurse that were not met. Based on previous experience with this church a few parishioners have had unrealistic expectations of the parish nurse because they thought the parish nurse provided direct home nursing care.

TABLE 3: Question 3-What services did the parish nurse provide to you?

ANSWER	CHURCH A	CHURCH B	CHURCH D	CHURCH E	TOTAL
SPIRITUAL SUPPORT	16	6	12	11	45
VISITATION: HOME HOSPITAL CARE FACILITY	13	7	13	12	45
B/P, BS SCREENING	12	13	9	8	42
REFERRAL HEALTH CARE	7	9	11	8	11
COMMUNITY I&R	11	6	10	6	33
MEDICATION EDUCATION	10	7	9	5	31
PARISH RESOURCES	9	6	8	5	28
HEALTH ED. PREV.	12	6	5	2	25
DIETARY EVAL.	9	3	4	3	19

Results discussion for Question 3: In the previous responses the majority of the participating parishioners experienced spiritual support, home, and hospital and care facility visitation from the parish nurses. The response of receiving spiritual support appears contradictory to parishioner expectation of parish nurses as illustrated in question number one. However, forty-five responses to question one expected spiritual care and forty-five in question three received spiritual support. There is the possibility that parishioners see a difference between spiritual care and spiritual support. Spiritual care may be seen as praying and serving communion while spiritual support may be seen as receiving spiritual literature such as Prayer and Care Notes and daily devotion booklets.

TABLE 4: Question 4—Because of the parish nurse interventions: (each answer is a completion of this sentence).

ANSWER	CHURCH A	CHURCH B	CHURCH D	CHURCH E	TOTAL
FEEL MORE CONNECTED & CARED FOR BY CHURCH	14	11	13	10	48
AM PREPARED TO TAKE CARE OF SELF/ REMAIN INDEPENDENT	12	6	14	8	40
I AM STRONG: PHYSICAL / EMOTIONAL / SPIRITUAL TO PARTICIPATE IN ADL	12	6	12	6	36
BETTER UNDERSTAND MY CONDITION	14	8	8	4	34
KNOW WHEN TO CALL 911	14	4	8	7	33
MORE COMPLIANT WITH MEDICATION REGIME	7	6	4	5	22
MORE COMPLIANT WITH DIET/HEALTH REGIME	7	2	6	2	17
ABLE TO REDUCE # OF VISITS TO DR.	4	2	6	1	13
ABLE TO REDUCE # OF HOSPITALIZATIONS	4	0	4	0	8

Results discussion for Question 4: The previous table illustrates that the majority of parishioners responded to the statement, that because of parish nurse interventions they feel more connected to the church as well as feeling more cared for by the church. Many felt spiritually stronger in relation to caring for themselves as well. This implies that they may be more cognizant of their spiritual resources as a result of the parish nurse caring acts or interventions.

TABLE 5: Question 5—As a result of parish nurse support, I have a better understanding of the relationship between faith, health and healing.

ANSWER	CHURCH A	CHURCH B	CHURCH D	CHURCH E	TOTAL
YES	17	12	18	9	56
NO	0	2	0	2	4

Results discussion of Question 5: The results of question 5 reveal that the majority of the parishioners had a better understanding of the relationship between faith, health, and healing as a result of parish nurse support. With the four negative responses there is a possibility that those individuals did not understand the question. There were persons in the Church B sample and in the church E sample that had strokes and their understanding of the question may have been impaired.

Parish Nurse and Stephen Minister Interviews of Parishioners

One purpose of the project was to identify the parishioner's awareness of spiritual resources as one means of coping with age-related changes and conditions. The interviews were designed to obtain data that would illustrate parishioner awareness of spiritual resources.

The parish nurses in churches A, B, D, and E interviewed parishioners during home visits. Specially trained volunteers who are Stephen Ministers interviewed parishioners during home visits in Church C. The parish nurse at Church A interviewed six parishioners, parish nurse at Church B interviewed nine parishioners, the Stephen Minister at Church C interviewed seven parishioners, the parish nurse at Church D interviewed seven parishioners, and the parish nurse at Church E interviewed eleven parishioners. There were a total of forty interviews. Each interview lasted approximately one to one and half-hours.

Results Discussion of Parish Nurse and Stephen Ministry Interviews

During at least two different home visits couples were being interviewed, thus creating some repetitive answers because one person would echo the response of the other. The results were evidence of parishioner intimate thoughts about their spiritual beliefs and their relationship with God. All persons interviewed had faith in God and all persons noted that they think about God daily. The parishioners were willing to thoughtfully examine and reveal their thoughts about the love for others and service from and to others. They seemed to understand the concept of the Holy Spirit in action and relate it to caring acts from their church. The majority of persons were thankful and grateful when others offered assistance to them. They generally felt good about helping

others and often they saw that help as sharing God's spirit and love. The majority of the parishioners saw caring acts from the church more different than caring acts from human service agencies. Many of them implied that human service agencies charge a fee and the church doesn't. While others felt the attitude of caring acts from the church was different than from those providing services from human service agencies. This supports the premise that caring acts from a theology of caring are accepted and appreciated as acts of the Holy Spirit. It was clearly evident that the parishioners believed that caring acts from the church caused them to realize that the church is a place in which they are valued, their faith is nurtured and the will of God is taught. Table 6 is a summary of the results of each parishioner response to each question.

TABLE 6: Summary of Parish Nurse and Stephen Minister Parishioner Interviews

QUESTION	RESPONSE
1. In what do you have faith?	Forty: expressed faith in God.
2. When do you think about God?	Forty: think about God daily
3. How have beliefs in Jesus Christ been helpful to you?	Forty responses noted that their beliefs in or about Jesus Christ have been helpful to them.
4. When words Holy Spirit were heard-what words did they think of?	Ten: God: Eight: something within Six: Trinity: Four: loving care Two: no response One: angels, guidance, Holy, don't know
5. Do strength & courage come from a spiritual resource such as faith in God?	Thirty-seven: yes Two: no response One: haven't thought about it
6. When sad, angry, frustrated who do you turn to for guidance?	Twenty-two: God & Jesus Seven: family & friends Five: family & God Three: God & prayer One: Bible, God & church, unable to answer
7. How do you feel when others are helpful to you?	Eleven: grateful: Eight: thankful Five: blessed: Four: good Two: warm: Two: acceptance Two: no response One: take all I can get, enlightened, extension of God One: want to do for others, owe them, relieved
8. How do you feel when you help others?	Twenty-four: good Four: sharing God's spirit and Word Three: return what people have done for me. One: depends of how received, warm, blessed One: Get more out of it than I put in, calm One: no response
9. Is there a relationship between caring acts from the church and faith?	Twenty-eight: yes Three: show God's love to others Two: others feel same as I do-comrade in Christ Two: no response One: no
10. Are caring acts from church different from non-church service agencies?	Twenty-nine: yes: Five: no response Two: about same Two: never had service from other agency

Parishioner Care Record Review

One purpose of the project was to identify the role of specially trained volunteers when serving parishioners with age-related needs and conditions. This has been partially illustrated through the role of the Stephen Minister during the parishioner interviews but the role is more clearly identified through the results of the care record review. Another goal of the project was to verify age-related conditions and needs through review of parishioner care records. The results of that record review in Church E is illustrated and discussed.

Church E was the only church in the sample that has kept comprehensive records on parishioner caring acts. The caring ministry had served many of these people for over six years. These are records of home, hospital, rehabilitation and care facility visits. Every caring act is recorded and placed in the person's care ministry record. The guide for the record review was to utilize three human need categorical areas: one, were physical, cognitive and emotional needs identified: two, were spiritual needs identified: and, three, were there spiritual resources present during the visit. Appendix I-Care Record Review Results is an illustration of the results of each individual record review.

Results of Care Record Review

I reviewed a total of ten parishioner records. There were a total of four hundred and sixty-eight physical/cognitive/emotional needs as defined on the chart guide for identifying needs. Therefore there was an average of thirty-three physical/cognitive/emotional needs per person. One hundred twenty-eight of the needs were needs for purpose and hope. One hundred twenty-eight were needs related to loss of continuity. One hundred fourteen were needs to receive unconditional love. There

were forty-two needs for the expression of anger and doubt. Five persons expressed a need to love and serve others. Six persons expressed a need to forgive and be forgiven.

There were a total of three hundred twenty-six situations where spiritual needs, as defined on the chart guide for identifying needs, were present. Therefore, there was an average of approximately twenty-three situations per person where spiritual needs existed. There were one hundred thirty-three instances when there was a need for transcending circumstances as in the need to move through or conquer certain conditions. There were thirty-four situations where there was a need for support of religious behaviors that promoted personal dignity and a sense of worthiness. There were sixty-eight situations where there was need for the parishioners to feel that God was with them and in that respect they were not alone. There were sixty-seven times when the parishioners felt a need to be thankful and grateful. There were ten situations when parishioners felt the need to prepare for death and dying.

Spiritual resources were identified during caring acts for each person. Prayer was frequently used as a spiritual resource. Other spiritual resources provided were: a husband's commitment to the total care of his wife, the delivery of weekly Sunday service sermon tape cassettes, the volunteer prayer chain, serving of the sacrament of Holy Communion in the home by pastors or Stephen Ministers and Bible and hymn reading and singing during home visits. It is believed that the parishioners saw the parish nurse, pastor and health and welfare volunteers as spiritual resources as well.

The records reviewed were records of the people who in the parish nurse and Stephen Ministry interviews expressed faith in God, think of God daily and noted that their belief in or about Jesus Christ were helpful to them. Many of these people felt that

strength and courage came from a belief in God and are seen as spiritual resources. Some of these people felt there was a relationship between caring acts from the church and their faith.

There is evidence that the same needs emerge repeatedly but they vary in intensity and change when there is a transition from levels of condition acuity and when the location of service changes. An example would be a parishioner who is in the hospital beginning with the day of surgery, then transitions to recovery and on to healing, then transitions to a rehabilitation facility and finally is in transition to own home. As the changes in age-related conditions and illnesses occur the same needs emerge but for different reasons. It is the role of the theology of caring through caring acts to identify the needs and respond with caring acts of faith.

Parishioner Notes of Appreciation

A purpose of this survey was to verify age-related conditions among the parishioners and a second purpose was to identify the parishioner's awareness of spiritual resources as one mans of coping with age-related conditions and illnesses. Church E saved notes of appreciation from parishioners over the last five years. Thirty-four of sixty-nine notes were selected because they more clearly revealed evidence that cognitive, emotional and spiritual needs were met and the persons became more aware of their own spiritual resources. Each note was numbered, copied and tabulated.

Tables 7 and 7.1 are tabulated results of parishioner notes of appreciation. These notes are summarized responses from each individual note. Each note is numbered with corresponding stated response and situation.

TABLE 7: Tabulated Results of Parishioner Appreciation Notes

NOTE NUMBER	RESPONSE/SITUATION
1	Sermon tape delivery to parishioner ill at home
2	Counseling to family of dying parishioner
3	Appreciation for love & concern shown during hospitalization
4	Receipt of pastoral letter of concern & suggested reading list to parishioner recently discharged from hospital
5	Appreciation for being during good & bad times, just being there
6,18,26	Person recently discharged from the hospital appreciating hospital visits, sermon tapes & support
7,24	Appreciation for support & guidance regarding their severely mentally ill son
8,10,33	New widow after death of husband
9	Support to wife while husband diagnosed with Parkinson's was in hospital & arranging for Parkinson's support group to meet at church
11	Appreciation of sermon tape delivery when they were out of town and missed a service
12,32	Hospital visits, cards, prayers & support during heart surgery
13	Home visit on Easter to assist with transition from hospital to home after many months in hospital & appreciation for delivered plant
14	Appreciation for home visits, calls & support during chronic illness

TABLE 7.1: Continued Tabulated Results of Parishioner Notes

NOTE NUMBER	RESPONSE/SITUATION
15	Counseling & guidance on placing a parishioner's husband in community Day Services for & assistance in Medicaid application
16	Appreciation for sermon tape on dialogue on Lord's prayer
17	Appreciation for pastoral staff observing parishioner was in crisis and reaching out to her
19	Appreciation for sermon that was dialogue between two pastors
20	Appreciation for nutritional teaching & specialized cookbook for low salt diet
21	Appreciation for book on breast cancer
22	Appreciation for information on prayer and prayer process
23	Appreciation for guidance & counseling
25	Appreciation for after surgery counseling
27	Appreciation for counseling & support throughout diagnostic processes
28	Appreciation for home & hospital visits as well as counseling prior to eye surgery
29	Appreciation from parishioner who fainted in church's women's restroom, she received words of comfort, encouragement while waiting for the ambulance
30	Appreciation for hospital visits when her mother (a parishioner) was dying & a hospital visit on the 4 th of July
31	A widow appreciated support during her grieving process and support in her new role
34	Appreciation for visits, cards, prayers, home meal delivery after husbands heart surgery & appreciation for the parish nurse being there when her husband went into crisis after surgery, parish nurse held her while she wept

Results Discussion of Parishioner Notes of Appreciation

The notes illustrated twenty-six different situations from thirty-four parishioners. The caring acts in response to the situations were in the areas of counseling, guidance, support, education, meditative practices, preaching, and praying. The parishioners were experiencing various age-related changes and illnesses as well as some family problems and were looking for a practical effective theology of caring which provided caring acts that would assist them in becoming aware of their spiritual resources.

Chapter 5: Summary, Conclusions, Implications, Recommendations, and Final Remarks

Summary

The population of older adults in the United States is continuing to increase. Many of those older citizens will move into retirement communities in warmer climates. Moving disrupts the support network that the older person may have had for many years. Such support structure includes family, friends, and in many cases, churches. Churches, which are located in retirement communities that develop a caring ministry through a theology of caring can be that support network by meeting many of the wholistic needs of older adults. Wholistic needs imply needs of the body, mind and spirit.

A theology of caring needs to be broad enough to span a lifetime, embody useful actions and be based upon knowledge of God. Aging is a continuous process that is not restricted to the last decades of life. Being aware and having knowledge of the aging process has enormous implications for the paths of meaning that lead to the horizon of optimal existence and human destiny.

This project demonstrated that a practical and effective Christian theology of caring is a means of guiding older adults to become aware of and utilize spiritual resources needed to accept and adjust to age-related changes. The information from this study is a resource to pastors and other church staff on the components of a theology of caring, role of parish nurse, and the role of specially trained volunteers, for example Stephen Ministers in a caring ministry.

This survey illustrated parishioners' awareness's of their spiritual resources as they used those resources to cope with age-related changes, conditions and illnesses. The

study illustrated that age-related changes, conditions and illnesses could be assessed and responded to through caring acts of church staff and specially trained volunteers.

Through the review of the literature and case study approach questions related to purpose and meaning in life emerged and were understood in a spiritual perspective. It was clarified that the spiritual is interwoven with all aspects of life. It was understood that the spiritual was the ultimate ground for all questions, hopes, fears and loves. Also, it was learned that spirituality, in the form of spiritual resources, includes efforts to cope creatively and enhances the ability to maintain a meaningful purpose in life.

Finally, through this study it was shown that spiritual needs such as struggles, losses and questions of self worth were addressed through caring acts provided by the caring ministries within each of the participating churches. These caring acts emerged from a practical, effective Christian theology of caring.

A review on the results of each of the methods used to fulfill each of the four purposes of the study is stated in the following conclusions.

Conclusions

First: Pastors understood, perceived and implemented a Christian theology of caring. The pastors perceived the older adult's learned belief systems and stages of faith development in relation to the age-related changes, conditions, and illnesses. In addition, the pastors had a deep human desire to give of themselves as a source of emotional and spiritual growth experience for those they were serving. They experienced a relationship with the parishioners and God. They were on the cutting edge of paying attention to the spiritual depth of caring, preaching, and administrating within the theology of caring.

Second: The role of the parish nurse was clarified as embodying a practical, effective, Christian theology of caring. The parish nurses identified and met many wholistic needs of the parishioners. The parishioners perceived the role of parish nurses in the areas of; health education and health care referrals. Fewer parishioners understood the role of the parish nurse in spiritual care. The parishioners often expected the pastors to provide the spiritual care. Although in the results there was a contradiction, in that the parishioners noted that they expected the parish nurse to pray with them, thus receiving spiritual care from the parish nurse, but in noting their expectations of the parish nurse, spiritual care was not stated. Therefore, while the parishioners did not openly understand spiritual care as part of the parish nurse role, they recognized the provision of spiritual care when provided by the parish nurses. Parishioners felt more connected to the church and cared for by the church as a result of the caring acts provided by the parish nurses. Also parishioners felt stronger in relation to caring for themselves as a result of parish nurse actions. This is a clear indication that the parishioners are more aware of their spiritual resources as a result of the theology of caring from the parish nurses. A second indicator of parishioners being aware of spiritual resources in relation to health and healing was apparent in that the majority had a better understanding of the relationship between health and healing.

Third: The role of specially trained volunteers, for example Stephen Ministers was clearly identified in the parishioner care record review. The volunteers often provided caring actions such as transportation to and from appointments, meals, delivering flowers, sending cards and making home, hospital and care facility visits. The

Stephen Ministers were involved in a one on one weekly visit with persons as long as the persons felt the need for that special Christian caring relationship.

Fourth: The identification of parishioner awareness of spiritual resources as a means of coping with age-related changes, conditions and illness was apparent in the results as the parish nurse's role and was revealed in the parishioner record review as well as through the parishioner notes of appreciation. It was clearly determined that parishioners in the participating churches have spiritual resources that emerge from a faith in the Triune God. Lastly, most older adults who were aware of their spiritual resources perceived them to be helpful in making positive adjustments to their age-related changes, conditions and illnesses.

Fifth: The verification of the existence of age-related changes, conditions, and illness was shown through the case studies, the parishioner care record review and the notes of appreciation. However, many of the age-related changes, conditions and illnesses were identified with the knowledge that there are many more that were not illustrated.

In conclusion this study did illustrate that caring acts emerging from a practical, effective theology of caring did increase the older adult's awareness of their spiritual resources and that awareness was helpful in coping with age-related changes, conditions and illnesses.

Implications

Churches always provide caring activities through their pastor, staff and volunteers. They may not perceive their caring acts as emerging from a practical, effective Christian theology of caring. A theology of caring that is Christian, practical,

effective Christian theology of caring. A theology of caring that is Christian, practical, and effective embodies a useful action, is based on knowledge and the teachings of Jesus Christ, which when applied can produce a result. The pivotal words are “can produce a result.” The “result” is parishioners becoming aware of their spiritual resources as one means of support for facing life changes, crisis and conditions. The “result” brings me back to my initial concern, that being, the role of the caring ministry and its ability to meet mind, body and spiritual needs of the parishioners.

Any church can develop a systematic approach to their caring ministry and realize the result of their caring acts based on Christian love.

The models of caring ministries illustrated in Chapter three are adaptable to multigenerational churches. The age-related changes and conditions would be more varied and there would be a strong possibility that not as many parishioners would have well developed faith practices. That would create a need for church sponsored activities in faith development and spiritual formation.

If a church does not have a systematic caring ministry program a study could be done to determine what caring acts are being done and what needs to be done. A scenario might be that the pastor along with church members interested in providing caring acts develops a questionnaire for interviewing the parishioners to determine the result of their caring acts.

After I completed my survey I became aware of a group that had developed a publication titled, Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research. Within the publication is an article by Kenneth I. Pargament (Ph.D.)

titled, "Religious/Spiritual Coping."¹ The article describes five approaches used to measure religious/spiritual coping. Within one approach is the RCOPE measure. This is a comprehensive measure of religious/spiritual coping. Koenig, Pargament and Nielsen have developed this measure. Koenig identified the eleven spiritual need categories for older adults, which are the categories utilized in the parishioner record review method of this survey. The specific items within this measurement approach increase the ease of understanding how religion may affect the total health (wholistic) because the function of religion is, to some extent, included in the items. The items within the questionnaire could be easily adapted to multigenerational congregations. The results of a survey would then serve as a guide in becoming aware of the result of caring acts as well as more clearly identify spiritual, psychosocial and emotional needs of the parishioners.

Recommendations and Evaluation of Methods

Pastor Interviews: It was important to interview the pastors in order to identify their understanding of a theology of caring. The first question, "When you hear the words, 'theology of caring' what descriptive words do you think of?" could have been worded, "Describe your theology of caring." This statement might have elicited in greater depth their theology of caring in relation to caring acts. A recommendation for future use is to send the questions with the introductory cover letter so the pastors would have had time to reflect on their answers thus providing more in depth answers at the interview. An interview as opposed to having pastors provide written answers allows for

¹ Kenneth I. Pargament, "Religious/Spiritual Coping" in Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research, ed. John E. Fetzer (Kalamazoo, Mich.: Fetzer Institute, 1999), 43-56.

clarification and understanding of concepts and personal contact often draws more information. A tape recorder could be used with the pastor's permission.

Role of Parish Nurses: The Health Status Profile could have been more centered on the relationship of caring acts to awareness of spiritual resources and the relationship of spiritual resources to enhanced coping with changes, conditions and illnesses. The parish nurse should have made personal contact with the parishioners in the sample to clarify any misunderstanding of the information requested in the profile.

Parish Nurse Interview Questions: The parish nurse interview questions were generally easy to understand and contained phrases that were common to the nurses and parishioners. With some of the older adults perhaps the interview could have been done in two sittings. Some interviews were with both husband and wife at the same time. I would recommend separate interviews in order to obtain each person's individual response. Question 5, "Do strength and courage in facing difficulties come from a spiritual resource, such as faith in God?" is leading their response and should end with the words "spiritual resources."

I chose parish nurses and or Stephen Ministers to do the interviews because the parishioners were comfortable with them and trusted them. It would be interesting to have the pastor interview the parishioners on the premise that he/she wanted to get to know them better and be better able to meet their spiritual needs. However, there is a possibility that the answers given might not be as freely expressed because of the parishioner perception of the pastor's expectations of them.

Parishioner record review: The record review was a very time consuming, detailed, arbitrary process. However, in spite of that, it revealed that the records were

more oriented to physical conditions that resulted from age-related changes. The arbitrariness was in identifying the cognitive, emotional and spiritual needs. Often the need was not expressed in the record but implied by the condition, crisis, and history. I am developing a more efficient, effective care record system that would involve checking off a perceived or expressed need as expressed by the care receiver or perceived by the care giver. In addition I would require inclusion of excerpts of direct conversations with the parishioner about their faith. Such conversations would be more likely to cause the parishioner to become aware of their spiritual resources.

Parishioner notes of appreciation: Reading the notes to specifically identify cognitive, emotional and spiritual needs as well as spiritual awareness and spiritual resources was a whole new way of reading notes. I often read them, would admire the card and appreciate the fact that the person wrote a note. But, to evaluate and reflect on what was said and why, gave the notes an extended value and provided additional insight into the person. I will read notes differently from now on. The size of the sample of notes was sixty-nine. The notes were received by one pastor and parish nurse. A sampling of notes received by all pastors, all parish nurses, Stephan Ministers and other trained volunteers would have provided a more complete picture of the parishioner's awareness of their spiritual resources as they were responding to all providers of caring acts.

Final Remarks

In providing caring acts that emerge from a theology of caring two factors are significant: consistency and appropriateness. When consistency and appropriateness are present parishioners develop a trust in the ministry and see the ministry as a spiritual

resource, which enhances their personal awareness of spiritual resources. I believe the older the age of the person of faith, the more likely it is that he/she is aware of their spiritual resources. However, they may be more resistant to receiving assistance from a care ministry team member. For the much older adult a trust must be established between the caring ministry and themselves before they will accept specific services. One way trust is established is through confidentiality. The much older adult is generally very self-reliant and considers it a personal defeat if he/she must accept assistance through caring acts. They often have to learn to trust the care giver. Trust is established by consistency, always being there when needed or sensing, on the part of the caring ministry, the emerging condition or change and being available when the crisis happens. Occasionally it is possible to prevent the crisis from happening.

The findings gleaned from each method increased the care team awareness of the specific age-related changes and conditions experienced by the parishioners. Such awareness is important for planning improvements in existing caring ministries. Such improvements might require a change in staffing patterns and budgeting priorities.

Two references from Proverbs bring to light the full application of the theology of caring and emerging acts of caring, Proverbs 15:30, “The light of the eyes rejoices the heart, and good news refreshes the body.” And Proverbs 16:24, “Pleasant words are like a honeycomb, sweetness to the soul and health to the body.”

APPENDIX A: Population Growth in Northwest Valley, Phoenix, AZ

**Growth and Demographics in
The Northwest Valley**

Sun Cities Area

Ministerial Association

March 28, 2001

2000 Census

- Only “macro” population information available for states and counties.
 - Arizona increased 40% in population from 3.66 million in 1999 to 5.13 million in 2000
 - Second fastest growing state behind Nevada (66%)
 - Az's Hispanic population increased by 88%
 - Maricopa County population increased 44% in this time period, from 2.12 million to 3.07 million

Distributed at Sun Cities Area Ministerial Association Meeting, March 28.2001.

APPENDIX B: Illustration of Conditions Emerging from Immunologic-Related Stress and Age-Related Changes: A Mini Case Study

Eighty-six year old Ben is married to his eighty-three year old wife Abby. They have been married over sixty years. Over the last several years she has developed chronic debilitating arthritis. She is wheelchair bound, unable to turn her head, use her hands and has only slight movement of her legs. Her husband is committed to providing her daily care and being her constant companion. In addition to providing constant care to Abby he does all shopping, food preparation, and cleaning.

Abby is a very cheerful, attractive person with a sparkly smile. She expresses herself very well and likes people. They are originally from Virginia and he presents himself as a Southern Gentleman who is in complete control at all times. He is very proper in everything that he says and does. Two years ago he had some skin cancers removed from his head. Months later he had some skin cancers removed from his neck. During the last two years he has admitted tiring easily but maintained that he could continue to maintain his routine and schedule. Within the last year he did hire a housekeeper and allowed his wife to accept a Stephen Minister. Later he hired a personal care attendant for Abby for a few hours in the morning. In the meantime he was experiencing shortness of breath, coughing and raising phlegm.

After a visit to the primary physician he was referred to a pulmonary specialist. After many diagnostic tests, he was diagnosed with metastatic lung cancer. To clarify the diagnosis he was hospitalized for a biopsy of the lung. His brother from Virginia came to be with Abby and Abby's personal caregiver hours were increased while Ben was hospitalized. During Ben's hospitalization it was determined that he had an enlarged

prostate. A surgical procedure was done to relieve the condition. A few days after the procedure he was sent home but had complications related to blood in the urine and he was taken to the hospital emergency room. Fortunately the brother was still visiting the home. Ben was again discharged from the hospital and made a remarkable recovery. He was walking without a walker, assisting the caregiver in providing Abby's care and doing his paper work. Suddenly he had a slight stroke and was hospitalized but there were no major residual effects. Again he made a remarkable recovery. He still tired easily but was gaining strength everyday. He went to the primary doctor for a check-up and while in the doctor's office he had a seizure and another slight stroke.

Cancer and strokes are illnesses that often emerge from immunologic-related stress. At age eighty-six Ben's body was experiencing a number of changes in its immune functions causing a lower resistance to some tumor cell and viral challenges. He had the stress and responsibility of caring for his wife and he wanted to be perfect with everything that he did causing more stress. This story will be continued with illustrations of the provision of caring acts from a theology of caring.

APPENDIX C: Illustration of Interpersonal Style Domain and Conscientious Stage Through Ben and Abby Mini Case Study

Ben and Abbey's story continues as an illustration of this developmental stage and its domains. Through the use of a theology of caring, caring acts were provided by the care team at their church. As one of the parish nurses and care ministry coordinator I understood the biological, psychosocial and spiritual needs as they were emerging since the first contact in 1997. Ben and Abby's neighbor called the church because she knew they were members of the church. The neighbor was concerned about what she described as Abby's 'wasting away'. The neighbor wanted her concern to be kept confidential. The dilemma then became how make the initial call. I talked to the pastor who brought them into the church. He made a casual call during which he introduced the caring ministry and asked if the 'nurse' at the church could be helpful. Ben initially didn't think that would be necessary but since he had never heard of a 'nurse' in the church he wanted to meet that person. I made the call and scheduled the home visit. He answered the door and in very proper gentleman fashion ushered me into the home. It was a beautifully decorated home furnished with valuable antique furniture. Ben led me to a sunny kitchen alcove area. Abby, sitting high in her wheelchair, greeted me with a friendly smile and beckoned me to be seated by the table. Her hair was attractively arranged around her small pretty face. Her gnarled hands with very large joints rested on the wheelchair tray in front of her. She wore an attractive loose fitting garment. Ben began and dominated the conversation. He asked me many questions about what a 'nurse' does in a church. Then he began to tell their story, illustrating in great detail all the things that he does daily to maintain their household and Abby's care. When he paused I stated some ideas

for adaptive equipment resources that would make his care for Abbey easier. Ben looked me right in the eye, and his eyes seemed to say, "So you do know something besides praying and preaching." That gave me an opportunity to ask him his thoughts about prayer. Abbey quickly spoke up saying that they have special prayers that they read daily. Ben noted that the Lord had been good to them and that, "the Lord would not give them anymore than He thought they could bear." I asked if the Lord caused Abbey's condition. Both said, "No, but the Lord is helping us." I suggested that the church could deliver weekly audiotapes of the church services, I offered a Stephen Minister and a Health and Welfare buddy to help with some of the errands and I offered regular visits from a pastor. Ben noted that the sermon tapes might be all right, but he didn't need anyone to come in and pray over them. Abbey tried to explain to him her understanding of a Stephen Minister and that she thought that might be nice. He immediately said that they just didn't have time for someone to come to the house on a regular basis and besides they might get into their private business. Ben emphasized that he was committed to Abbey and would be totally responsible for her. As I concluded the visit he told me that he didn't agree with some of my ideas but I could come again sometime. Over the next month sermon tapes were delivered weekly by a volunteer from the Health and Welfare Committee. The volunteer who delivered the tapes had been in World War II during the same time that Ben was in the war. They developed a friendship. The volunteer told Ben about our other parish nurse and Ben wanted to meet her as well. The parish nurse made a home visit, shared ideas, read some short scripture to Ben and Abbey, and left Care Notes on coping with chronic conditions. She also offered a Stephen Minister for Abbey. She explained that Ben could use that hour to go shopping.

or just get out doing some of his business. He agreed and arrangements were made. On the day of the Stephen Minister scheduled visit Abbey called to cancel the whole idea on the premise that they just didn't have time for anyone to come into the home on a regular basis. Sermon tapes continued to be delivered by the volunteer. Then one day Ben had to have minor surgery to remove skin cancers from his head. Ben called the parish nurse to have someone stay with Abbey while he had the procedure done. A plan was developed and Ben had the procedures. The health and welfare volunteer again told Abbey about a Stephen Minister. Later I received a call from Abbey saying that their scheduled had changed and a Stephen minister would be nice. The Stephen Minister I was going to assign was a black person and she had requested that I tell the family that she was black. I remembered that Ben and Abbey were traditional 'southerners'. I called their home and spoke to Ben who always answered the phone. I told him about the Stephen Minister. He asked if she was educated, I told him she was a nurse with a graduate degree. He thought that she would be worth a try. Ben and Abbey developed a wonderful confidential, Christian relationship with their Stephen Minister. When Ben was diagnosed with lung cancer he allowed his name to be placed on the confidential prayer chain. I read the list and raised his name in the three church services during "joys and concerns." Abbey's Stephen minister talked to me after the services telling me that Ben did not want his name announced during the services and she was afraid he would blame her for the confidentiality breach. I made a hospital visit that day to apologize to Ben. When I arrived at the hospital, Ben welcomed me by thanking me for announcing his name during the church services. He explained that because I had announced his name a church member who had been a colleague in the FBI came to visit him. They did

not know each other was in the same community or in the same church. Ben was very happy to have the renewed friendship at this time in his life. The colleague is a Lay Leader in the church, a Stephen Minister and is very spiritually directed. Over the last four years the parish nurse, Stephen Minister, pastors, Health and Welfare committee volunteers have been meeting Ben and Abbey's spiritual needs such as addressing life purpose and hope issues and responding to the evidence that Ben and Abbey needed to move through and conquer certain circumstances. Ben and Abbey receive support in coping with loss of continuity; they have experienced unconditional love not only from each other but from members of the caring ministry and God. They have been receiving communion served by Stephen Ministers in their home monthly. Today the parish nurse told me that Ben and Abbey are asking for assistance in making decisions related to Ben's death. I will make a home visit next week.

APPENDIX D: Senior Pastor Interview Questions

- 1. When you here the words, Theology of Caring what descriptive words do you think of?**
- 2. How do these thoughts translate into Christian acts of caring?**
- 3. What knowledge is required to provide Christian acts of caring?**
- 4. How would you define Christian spiritual resources?**
- 5. What knowledge and attitudes are needed to guide parishioners to develop Christian Spiritual resources?**
- 6. Do Christian Spiritual resources help older adults adapt to age-related changes and adjust to chronic illnesses? Is so how?**

APPENDIX E: Health Status Profile

Question 1: Which of the following would you expect from a Parish Nurse program?

Answer choices:

- Health education
- Health care referrals
- Spiritual care
- Parish/Congregational resources
- Community services

Question 2: Are your expectations of a Parish Nurse program currently being met?

Answer choices: Yes, No

Question 3: What services did the Parish Nurse provide to you?

Answer choices:

- Spiritual support
- Visitation
- Blood pressure/Blood sugar screening
- Referral for you or a family member to other healthcare services
- Community resource referrals/information
- Medication education
- Parish/Congregation resources
- Health education regarding prevention and disease/diagnosis and prevention
- Dietary consultation

Question 4: Because of the Parish Nurse interventions:

Answer choices:

- I feel more connected to and cared for by the Church.
- I am prepared to take better care of myself and remain as independent as possible.
- I feel that I am strong enough physically, emotionally, and spiritually to participate in my normal daily activities.
- I understand my disease/diagnosis or condition better.
- I understand when it is appropriate to call 911 or go to the emergency room
- I am more compliant with my medication regime.
- I comply with my diet and health regime.
- I am able to reduce the number of times I need to visit the doctor.
- I am able to reduce the number of times I need to be hospitalized.

Question 5: As a result of the Parish Nurse support in my life, I have a better understanding of the relationship between faith, health and healing.

Answer choices: Yes, No

This statement is evaluating the parishioners understanding of the relationship between faith, health and healing and the parish nurse services.

APPENDIX F: Parish Nurse Interview Questions

- 1. In what do you have faith?**
- 2. When do you think about God?**
- 3. How have your beliefs in or about Jesus Christ been helpful to you?**
- 4. When you hear the words Holy Spirit-what words come to you?**
- 5. Do strength and courage in facing difficulties come from a spiritual resource, such as faith in God?**
- 6. When you are sad, angry or frustrated who or what do you turn to for guidance?**
- 7. How do you feel when others are helpful to you?**
- 8. How do you feel when you help others?**
- 9. Is there a relationship between caring acts from the Church and your faith?**
- 10. Are caring acts from the Church different than caring acts from other human service agencies? If yes, in what way?**

APPENDIX G: Guide Listing Spiritual Needs/Spiritual Resources**SPIRITUAL NEED CATEGORIES INCLUDE:**

- 1. Purpose and hope: Did the parish visitor address life purpose and hope issues?**
- 2. Transcending circumstances: Was there evidence that the person needed to move through or conquer certain circumstances?**
- 3. Did the person need support in coping with loss of continuity, validation, and support of religious behaviors?**
- 4. Did the person need to engage in religious actions that supported their personal dignity and sense of worthiness?**

- 5. Was there a need for unconditional love?**
- 6. Was there a need for the expression of anger and doubt?**
- 7. Was there a need to feel that god was with them—that they were not alone?**
- 8. Was there a need for the person to love and serve others?**
- 9. Was there a need to be thankful-grateful?**
- 10. Was there a need to be forgiven and or to forgive?**
- 11. Was there a need to prepare for death and dying? (Either of behalf of themselves or others.)**

APPENDIX G.1: Record Review Chart

Name/# of Record	Dates & Location of Visit	Identified Physical, Cognitive, Emotional Needs (use #)	Identified Spiritual Need (use #)	Identified Spiritual Resource Present	Name & Title of Person who Made Note

APPENDIX H: Parishioner Care Record Review Results And Key
Used as a key in the record review for identifying emotional, cognitive and spiritual needs as well as for the identification of spiritual resources.

NEEDS

COGNITIVE	SPIRITUAL	EMOTIONAL
#1 Purpose & hope	#2 Transcending circumstances-need to move through or conquer certain circumstances	#3 Need support in coping with loss of continuity, validation
#3 Coping with loss of continuity	# 4 Support of religious behaviors that supported personal dignity & sense of worthiness	#5 Unconditional love
	#7 That God was with them-they were not alone	#6 Expression of anger & doubt
	#9 To be thankful & grateful	#10 To forgive & be forgiven
	#11 To prepare for death & dying	

Appendices H.1-16 is the tabulation of the data from each care ministry record. This tabulation used the number assigned to each need to signify the type of need identified for the individual during each visit whether it was to the hospital, rehabilitation or care facility and home.

APPENDICES H.1 - H.16

APPENDIX H.1: Parishioner Record Review

Record Letter A	Dates & Location of Visit & Condition	Identified Cognitive, Emotion Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Husband	5/13/99 Hospital	1,3,5	4,7,9	Prayer	Pastor
Husband	6/3/99 Hospital- Died	5,10	2,7,11	Prayer	Pastor
Wife	6/20-6/29 Hospital-Knee replacement Surgery-Daily Visits	1,3,5	2,7,9	Prayer	Pastor, Parish Nurse, H&W Volunteer
2000	7/28/2000 Home-after rehabilitation	8	2	Prayer	Parish Nurse
2001	1/26-2/2001 Hospital-second knee replacement surgery	1,3,5	2,7	Prayer	Pastor, Parish Nurse H&W Volunteer
	2/21-2/26/01 Rehabilitation Care Facility	1,3	2,4,9	Prayer	Parish Nurse, Pastor, H&W Volunteer
	2/27/01	1,3,5,6	2,4,7	Prayer, Telephone care	Parish Nurse, H&W Volunteer

APPENDIX H.2: Parishioner Record Review

Record Letter B	Dates, Location of Visit & Condition	Identified Cognitiv e, Emotiona l Needs (See # of Need on Chart)	Identifi ed Spiritu al Needs (See # Need on Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	Debilitating Arthritis: Home Visit: 11/12/97	5,6	2	Husband's commitment to wife	Parish Nurse
	12/11/97	5,6	2,9	Accepted Delivery of Weekly Sunday Sermon Tapes	Telephone Care, Refused Stephen Ministry
1999	9/24/99:Home Visit	3,5	2,4,9	Agreed to Accept a Stephen Minister	Parish Nurse & H& W Volunteer
2001 Husband	1/23-1/31/2001 Hospital Diagnostics	1,3,5,6	2,4,11	Prayer, Prayer Chain	Pastor, Parish Nurse, H&W Volunteer
	2/17-2/27/01 Lung Biopsy & Prostate Surgery, Lung Cancer	1,3,5,6	2,4,7,1	Prayer, Cont. Prayer Chain	Pastor, Parish Nurse, H& W Volunteer
	3/6/01 Home Visit	3,5,6	2,4,7	Prayer	Parish Nurse
	3/12/01 Home Visit	1,3,5	2,9	Prayer	Parish Nurse
	3/22/01 Phone Call	1	9	Walking Without Walker	Parish Nurse
	4/12/01 Phone Call	1	9	Receive Monthly Home Communion by Stephen Minister	Parish Nurse Stephen Minister
Husband	7/29-7/31/01 Hospital-Slight Stroke	1,3,6	2,7,11	Prayer, Continue on Prayer Chain	Pastor, Parish Nurse
	8/6/01 to Hospital- Seizure	1,3,5	2,7	Prayer, Prayer Chain	Pastor, Parish Nurse, Stephen Minister, H&W Volunteer

APPENDIX H.3: Parishioner Record Review

Record Letter C	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Single Woman	3/27/98-Home visit; asthma, post heart mitral valve surgery, depression, blood clots, low income (not old enough for Medicare)	1,3,5,8	2,4,7		Parish Nurse
	4/24/98- Telephone Care		4,9		Parish Nurse
	6/9/98-Home visit	1,3,5	2,4,7,9	Prayer, start of weekly sermon tape delivery service & Stephen Minister	Parish Nurse
	7/23/98- Telephone care	3,6	2		Parish Nurse
	8/7/98- Telephone care	3,5	2,4,7		Parish Nurse
	8/13/98-Home visit	1,3,5	2,4,7	Prayer	Parish Nurse
	8/20/98-Home visit	1,3,5,9	2,4,7	Prayer	Parish Nurse
	8/27/98-Home visit	1,3,5	2,4,7,8,9	Prayer & Bible reading	Parish Nurse
	10/12/98- Home visit	1,3,5	2,4,7,9	Prayer	Parish nurse & Pastoral Counselor
	10/22/98- Home visit	1,3,5	4,9	Prayer	Parish Nurse

APPENDIX H.4: Parishioner Record Review

Record Letter C Cont. from H.3	Dates Location of Visit & Condition	Identified Cognitive, Emotional Needs (see # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
UMW circle bought clothes for her	10/22/98-Home visit	1,5	9	Prayer, Bible reading	Parish Nurse & Pastoral Counselor
1999	1/21-Home visit	1,3,5,6	2,7	Prayer	Parish Nurse
	1/18	1,3,5,6	2,7,9		Parish Nurse & H& W volunteer with food
Food delivery	2/16,19,23,24	1,3,5,6	2,7,9		H&W volunteer with meals, Parish Nurse
	3/12-Home visit	1,3,4,6	2,7,9	Prayer	Parish Nurse
	4/15-Telephone Care	1,3,5,6	2,7,9	Cont. weekly delivery of Sunday sermon tapes	Parish Nurse & H&W volunteer
	4/16-Home visit	1,3,5,6	2,7,9	Hymns & Prayer	Parish Nurse
	4/29-Phone Care	1,3,5,6	2,7,9		Parish Nurse
	5/12-Hospital	1	7,9	Prayer	Parish Nurse & Pastoral Counselor
	8/27/Phone Care	1,3,	2,7		Parish Nurse
	9/16 Hospital-Slight Stroke	1,3,5,6	2,7,9	Prayer	Pastor & Parish Nurse
	9/20-Home visit	1,3,6	2,7,9	Prayer	Parish Nurse

APPENDIX H.5: Parishioner Record Review

Record Letter C Cont. from H.4	Dates, Location/ Visit Cond.	Identified Cognitive Emot. Needs (See # on Need Chart)	Identified Spiritual Needs (See 3 on Need Chart)	Identified Spiritual Resource	Person Providing Caring Acts
	10/27- Home visit & accompanied to hospital	1,3,5	2,7,9	Prayer	Parish Nurse & H&W volunteer
	11/1-11/4	1,3,5	2,7,9	Prayer	Parish Nurse & H&W volunteer & Pastor
	11/9- Telephone care	1,3,5	2,7,9		Parish Nurse
	11/17- Home visit	1,3,5	2,7,9	Prayer	Parish Nurse
	12/13- Home visit	1,3,5	2,7,9	Prayer, Bible reading & received money form church for medications	Parish Nurse H&W committee provided money from its budget
2000	1/10Phone care	1,3,6	2		Parish Nurse
	3/15/Home visit	1,3,5	2		Church office care ministry support staff
	8/8-Phone care	1,3,5	2		Parish Nurse
	8/24-Home visit	1,3,5	2		Church office care ministry support staff
	9/18-Home visit	1,3,5	2,7,9	Prayer	Parish Nurse
	12/27- Phone care	1,3,5	2,7,9		Parish Nurse

APPENDIX H.6: Parish Record Review

Record Letter C Cont. from H.5	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
2001	1/4 -Telephone care	1,3,5	2,7,9		Parish Nurse
	2/8-Telephone care	1,3,6	2	Cont. weekly delivery of Sunday Sermon Tapes	Parish Nurse & H&W volunteer
	4/26-Home visit	1,3,5,6	2,7,9	Prayer	Parish Nurse
	5/21-Telephone care	1,3,5	2,7		Parish Nurse
	5/3-Telephone care	1,3,5,6	2,7		Parish Nurse
	6/6-Home visit	1,3,5,6	2,7,9	Home bound communion	Pastor
	6/12-Telephone care	1,3,5	2,7		Parish Nurse
	7/30-8/10- Hospital-hernia repair & medication adjustment	1,3,5	2,7,9	Prayers, Upper Room booklet	Pastors, Parish Nurse & H&W volunteers
	8/12-Telephone care	1,3,5	2,7,9		Parish Nurse
	8/24/Telephone care	1,3,5	2,7,9		Parish Nurse

APPENDIX H.7: Parish Record Review

Record Letter D	Dates Location of Visit & Condition	Identified Cog./Emot. Needs (See # Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	12/26/97-Home visit/ Dementia	3	2	Non-member neighbors of church members	Parish Nurse
1998	1/15/98-Home visit	1,3,6	2		Parish Nurse
	4/22/98-Phone care	1,3,6	2		Parish Nurse
	5/3-5/20- Hospital-fell @ home and broke hip	1,3,5,6	2,7	Prayer	Parish Nurse, Pastors & H&W volunteers
	5/31-Visit at Care facility-husband present	1,3,5,6	2,4,7,9	Husband decided to become church member	Parish Nurse
Husband	6/2-/Home visit	1,3,5	2,4,7	Made Stephen Minister referral	Parish Nurse
	6/8-Phone care	1,3,5,6,10	2		Parish Nurse
	6/20-Phone care	1,3	2,9		Parish Nurse
	8/27-9/8- Hospital-knee replacement surgery	1,3,5,6	2,7,9	Prayer	Parish Nurse, Pastors, H&W volunteers & Stephen Minister
	9/11-Home visit	1,3,5	2,7	Prayer	Parish Nurse
	9/21-Phone care	1,3,5,8	2,4,7,9		Parish Nurse
	10/19- at Parish Nurse office-to complete Medicaid forms for wife	1,3,6	2		Parish Nurse

APPENDIX H.8: Parishioner Record Review

Record Letter D cont. from H.7	Dates, Location Visit	Identified Cog./Emot. Needs (See# Need Chart)	Identified Spiritual Needs (See # Need chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
	12/17-Phone care	1,3,5,7	2,7,9		Parish Nurse
No caring acts in 1999					
2000	2/8-/Phone care		2	Elevated B/P at Sun. B/P clinic	Parish Nurse
	Attends weekly grief group. He is grieving over wife having dementia & being in care facility				Pastor Counselor
	10/24-Passed out at church's men's breakfast-9-11 called-taken to hospital	1,3,5,	2,7,9	Prayer chain Prayer	Parish Nurse
	10/25-Hospital	1,3,5	2,7,9	Prayer	Parish Nurse Pastors
	11/5-Phone care-walking pneumonia	1,3,5	2	Prayer	Parish Nurse
2001	4/23-Short of breath at home-911 called-taken to hospital	1,3,5,6	2,4,7,9,11	Prayer & Prayer chain	Pastor
	4/26-Home visit	1,3,5	2,6,7,9	Prayer & health ed.	Parish Nurse
	5/26-Parish Nurse office visit	1,3,6	2,7	Health education	Parish Nurse
	5/29-Home visit	1,3,5,6	2,7	Prayer	Parish Nurse
Wife	Monthly visits to care facility	3,5	7	Prayer	Pastor

APPENDIX H.9: Parishioner Record Review

Record Letter E	Dates, Location of visit & condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (see # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	9/22/95	1,3,5,7	2,4,9	Prayer & Care note	Parish Nurse
1996 Brother-non church member living with church members	10/11-Hove visit: Brother has terminal Cancer	1,3	2,8,9	Made Stephen referral for Brother	Parish Nurse
2001 Wife	3/19-Parish Nurse office visit-B/P check	1,3,6	2	Health Education	Parish Nurse
	4/24- Telephone care	1,3,6	2	Health Education	Parish Nurse
	5/9 & 10/14- Parish Nurse office visits-B/P check	1,3,6	2		Parish Nurse

APPENDIX H.10: Parishioner Record Review

Record Letter F	Dates, Location of Visit Condition	Identified Cog. Emot. Needs (See # Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Husband & Wife	6/14/95-Home visit-prior to husband's hospitalization	1,3,5	2,4,6,7	Prayer	Pastor
Husband	6/27/95-Home visit	1,3,5	2,4,7,9	Prayer	Pastor
	6/28/95-Phone care	1,3,5	2,6	Prayer	Pastor
	7/6/95	1,3	2,7,9		Pastor
	10/11-Phone care		4,7,8,9		Pastor
1997 Wife	2/18-2/20-Hospital-surgery for strangulated hernia	1,3,5	2,4,7,9	Prayer, Weekly delivery Sermon Tapes, Prayer chain	Pastors & Parish Nurse
	3/7/97-Phone care	8	4,7,9		Parish Nurse
Husband	5/28/97-Letter from wife re: husband in hospital in Annapolis	1,3,5	2,4,7,9	Prayer chain & letter sent husband/wife in Annapolis	Parish Nurse
2000	1/7-1/11-Hospital-ruptured blood vessel during angioplasty	1,3,5	2,4,7,11	Prayer, Prayer chain	Pastor, Parish Nurse
	1/20-Home visit	1,3,5	2,7,9	Prayer	Parish Nurse
	5/2-Hospital-stint placed	1,3,5,7	2,6,11	Prayer	Pastor
	5/8-Home visit	1,3,5	2,9	Prayer	Parish Nurse
Wife	1/16-Parish Nurse office visit- Re:hus.	1,3,5,7	2,6	Prayer & Weekly delivery sermon tapes	Parish Nurse
	1/18-Phone care	1,3,5,7	2,6,9		Nurse

APPENDIX H.11: Parishioner Record Review

Record Letter F Cont. from H.10	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (see # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	1/26- Telephone care-heard wife fell in grocery store parking lot	1,3,5,7	2,9	Prayer	Parish Nurse
	1/30-Home visit	1,3,5,7,8	2,9	Prayer offered Stephen Minister	Parish Nurse
2001	2/8-/Telephone care	1,3,5,7,	2,9	Prayer	Parish Nurse
Husband	3/15- Telephone care	1,3,5,7	2,6	Prayer chain	Parish Nurse
	3/16-3/18- Hospitalized-angiogram	1,3,5,7	2,6,11	Prayer	Pastor
	3/19- Telephone care	1,3,5,7	2		Parish Nurse
	3/27- Hospitalized-heart attack	1,3,5,7	2,6	Prayer	Pastor
	3/31- Telephone care	1,3,5,7	2	Offered Stephen Minister	Parish Nurse
Husband & Wife	4/18-Home visit	1,3,5,7	2,6	Prayer	Parish Nurse
Wife	4/19- Telephone care	1,3,5,7	2	Health Education	Parish Nurse
	4/24- Telephone care	1,3,5,7	2	Health Education	Parish Nurse
	4/26-Home visit	1,3,5,7	2,4,6,9	Health Education & Prayer	Parish Nurse
	5/10- Telephone care	1,3,5,7	2		Parish Nurse
Moved to Assisted Living	5/17-Home visit	1,3,5,7	2	Prayer	Parish Nurse
Wife	6/29-Pastor office visit	1,3,5,7	2	Counseling, Prayer	Pastor

APPENDIX H.12: Parishioner Record Review

Record Letter F Cont. from H.11	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	7/28 & 9/6-Pastor office visit re: adult son diagnosed with lung cancer	1,3,5,7	2	Counseling Prayer	Pastor

APPENDIX H.13: Parishioner Record Review

Record Letter G	Dates, Location of Visit, Condition	Identified Cog. Emot. Needs (See # Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Single Man	9/11/2000-Home visit after heart by-pass surgery- daughter there from Montana	1,3,5,6,7	2	Prayer	Parish Nurse
	9/19-Phone care	1,3,5,7	2		Parish Nurse
	9/28-Home visit	1,3,5,7	2	Prayer health ed	Parish Nurse
	10/6	1,3,5,7	2	Prayers Health Ed.	Parish Nurse
2001	9/20-Home diagnosis shingles	1,3,5,7	2	Bible reading, Prayer	Parish Nurse

APPENDIX H.14: Parishioner Record Review

Record Letter H	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Single Woman	5/19-5/27/99- Hospitalized-had stroke	1,3,5,6,7	2,4,9	Prayer	Pastor, Parish Nurse
Assisted Living	6/18-Home visit	1,3,5	2,9	Prayer	Parish Nurse
2001	1/12-Telephone care	1,3,5,7	2	Prayer	Parish Nurse
	6/22-Home visit	1,3,5,6,7	2	Counseling, Prayer	Pastor

APPENDIX H.15: Parishioner Record Review

Record Letter I	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Wife	7/7 & 7/8/98	1,3,5,7	2,4	Prayer & Prayer chain	Pastor
	7/9-Home visit		2,9	Prayer	Parish Nurse
	7/16-Telephone care		9		Parish Nurse
2001 Husband	4/7-5/4- Hospitalization, Muscular sclerosis, appendectomy, prostate surgery	1,3,5,6,7	2,4,9	Prayers & prayer chain	Pastors, Parish Nurse & H&W volunteers

APPENDIX H.16: Parishioner Record Review

Record Letter J	Dates, Location of Visit & Condition	Identified Cognitive, Emotional Needs (See # on Need Chart)	Identified Spiritual Needs (See # on Need Chart)	Identified Spiritual Resource	Title of Person Providing Caring Acts
Husband & Wife	2/18/98-Parish Nurse office visit-wife diagnosed with Parkinson's, dementia & husband recovering alcoholic	1,3,5,6,7,10	2,9,11	Health Education, referral, Prayer	Parish Nurse
Husband	3/3-Parish Nurse office visit-reported that wife was placed in care facility	1,3,5,7	2	Prayer	Parish Nurse
	3/5-Home visit	1,3,5,6,7	2	Prayer	Parish Nurse
Husband	3/10-Parish Nurse office visit-diagnosed with prostate cancer	1,3,6,7,10	2	Prayer	Parish Nurse
Wife	3/30-Care facility visit	1,3,5,7	2	Prayer	Pastor
Husband	4/5-Church sanctuary	1,3,5,7,10	2	Prayer at alter	With church member volunteer
	5/22-Telephone care-to AA contact				AA contact met with husband
1999-moved to California					
2000-moved back to Arizona-living in own home	10/16/2000-Home visit-husband diabetes	1,3,5,7	2	Prayer, Health education	Parish Nurse
	10/30-Home visit	1,3,5,7	2	Prayer	Parish Nurse
2001 Husband	7/25-7/31-Hospitalized-shortness of breath	1,3,5,7	2	Prayer , Prayer chain	Parish Nurse
	8/12-Home visit	1,3,5,7,10	2,11	Stephen Minister referral	Parish Nurse

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